Health and Wellness
Section I

Annual Report
2006-2007

Alberta

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Table of Contents

Section I

Preface
- Public Accounts 2006/2007 1
- Minister's Accountability Statement 3
- Message from the Minister 5
- Management's Responsibility for Reporting 7

Overview
- Ministry of Health and Wellness Organization 9
- Vision, Mission and Core Businesses 10
- Highlights for 2006/2007 11

Results Analysis
- Auditor General's Report 17
- Ministry Role 19
- Goal 1: Albertans make choices for healthier lifestyles 20
- Goal 2: Albertans' health is protected 29
- Goal 3: Improved access to health services 37
- Goal 4: Contemporary health workforce 45
- Goal 5: Improved health service outcomes 53
- Goal 6: Health system efficiency, effectiveness and innovation 59
- Integrated Results Analysis 68
- Challenges and Opportunities 72
- Alberta Alcohol and Drug Abuse Commission (AADAC) 75
- Changes to Performance Measures Information 86

Financial Information 87

Unaudited Information 165

Health Authority 2006/2007
Financial Statement Highlights 167

Alphabetical List of Entities' Financial Statements 183

Ministry Contacts 190

Section II

Section II of this report is published under a separate cover. It provides the financial statements of the regional health authorities and provincial health boards. To obtain financial statements of individual regional health authorities and provincial health boards, please contact the health authority directly.

Preface

Public Accounts 2006/2007

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The Public Accounts consist of the annual report of the Government of Alberta and the annual reports of each of the 20 ministries.

The annual report of the Government of Alberta, released June 21, 2007, contains the Minister of Finance's accountability statement, the consolidated financial statements of the Province and a comparison of the actual performance results to desired results set out in the government's business plan, including the *Measuring Up* report.

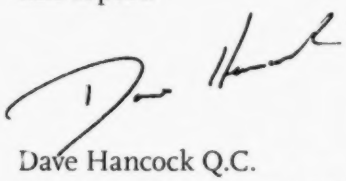
This annual report of the Ministry of Alberta Health and Wellness contains the Minister's accountability statement, the audited consolidated financial statements of the ministry and a comparison of actual performance results to desired results set out in the ministry business plan. This ministry annual report also includes:

- **the financial statements of entities making up the ministry, including the provincial agencies for which the minister is responsible, and**
- **other financial information as required by the *Financial Administration Act* and the *Government Accountability Act*, either as separate reports or as a part of the financial statements, to the extent the ministry has anything to report.**

Financial information relating to regional health authorities and provincial health boards is also included in this annual report as supplementary information. Section II of this report provides financial statements of the regional health authorities and provincial health boards, which are accountable to the Minister of Health and Wellness.

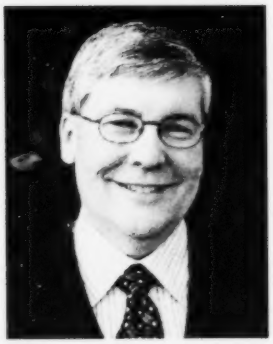
Minister's Accountability Statement

The ministry's annual report for the year ended March 31, 2007, was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at September 13, 2007 with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.



Dave Hancock Q.C.
Minister of Health and Wellness
September 13, 2007

Message from the Minister



The 2006/2007 fiscal year was a time of innovation and change for Alberta Health and Wellness. The main emphasis was on exploring new and innovative avenues for improving care and service delivery. The ultimate goal of the ministry was to provide Albertans with the best and most responsive public health system in Canada.

As the newly-appointed Minister of Health and Wellness, I took on a wide variety of challenges and priorities in accordance with the mandate letter given to me by Premier Stelmach. These priorities included:

- health care productivity reforms and long term sustainability initiatives in consultation with health care professionals and regional health authorities;
- a comprehensive workforce strategy to secure and retain the health professionals needed over the next 10 years;
- a new pharmaceutical strategy to improve the management of government drug expenditures to ensure Albertans have access to sustainable government drug coverage; and
- initiatives to strengthen public health services that promote wellness, and injury and disease prevention and provide preparedness for public health emergencies.

During the year, the ministry's budget was increased by $1.1 billion to $10.7 billion, or by 11.8 per cent over the previous year. This increase was needed to respond to continued growth pressures in health care.

Several of the new initiatives launched this past year were intended to continue Alberta's progress on the path towards a high performing, sustainable and cost-effective health system, and to help Albertans achieve wellness and life-long health.

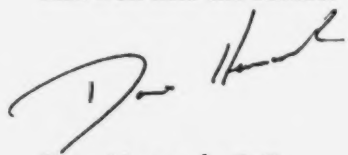
Highlights include:

- Alberta Health and Wellness invested $39 million, over three years, to improve mental health in children, youth and families at the local level.
- A variety of new wellness initiatives were launched such as *Healthy School Communities, Child and Youth Nutrition Guidelines, Community Choosewell Challenge, Premier's Award for Healthy Workplaces,* and *Healthy U.* These programs are targeted at promoting life-long health, which may reduce the need for health services in the future.
- A new Master Physician Agreement was signed with the Alberta Medical Association, along with regulatory changes that allowed for pharmacists to prescribe some drug treatments, and to continue prescriptions made by other health practitioners as well as to administer injectable drug treatments such as vaccines.

- The Alberta Alcohol and Drug Abuse Commission (AADAC) supported the *Protection of Children Abusing Drugs Act* by continuing to strengthen the network of province-wide addictions services in communities throughout Alberta.
- The Alberta government distributed $8 million to the province's nine health regions in an effort to increase immunization rates. Alberta also purchased a supply of antivirals for the early treatment of pandemic influenza in the event a pandemic should strike.
- Alberta Netcare, the next generation of the provincial electronic health record, provided Alberta clinicians the ability to view clinical data for patients including allergies, test results, drug prescriptions and diagnostic images.
- The year ended with the announcement of a review of all infection control programs and policies throughout health regions in the province.

The approach of the ministry has been to encourage Albertans to be active and fully engaged in matters affecting their health. There are many things that each Alberta can do to improve health such as walking more often, eating healthy foods, not smoking, driving safely and avoiding accidents and injuries. As a province, efforts need to be focused on efforts to reduce childhood obesity, diabetes and the prevention of chronic diseases. A key goal of the ministry is to support individual Albertans, families and communities in achieving complete physical and mental health. This will not only reduce the demand for health care but in the long run, will help to ensure the sustainability and affordability of Alberta's health system.

Currently, the ministry is working on enhancing the governance structure with the regional health authorities for ensuring quality services and patient confidence in the health system. Alberta Health and Wellness must also continue listening to Albertans. The ministry also needs to work closely with regional health authorities, health service providers, the Alberta Mental Health Board, the Alberta Cancer Board, AADAC and our colleagues in other government ministries to improve the social, environmental and economic factors that influence both physical and mental health. Albertans can feel confident that the province will have a strong health care system to meet their needs now and well into the future.



Dave Hancock, Q.C.
Minister of Health and Wellness

Management's Responsibility for Reporting

The Ministry of Alberta Health and Wellness includes the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, regional health authorities, provincial health boards and the Health Quality Council of Alberta.

The executives of the individual entities within the ministry have the primary responsibility and accountability for the respective entities. Collectively, the executives ensure the ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and business plans, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the consolidated financial statements and performance results for the ministry rests with the Minister of Alberta Health and Wellness. Under the direction of the Minister, I oversee the preparation of the ministry's annual report, including consolidated financial statements and performance results. The consolidated financial statements and the performance results, of necessity, include amounts that are based on estimates and judgments. The consolidated financial statements are prepared in accordance with the government's stated accounting policies.

As Deputy Minister, in addition to program responsibilities, I establish and maintain the ministry's financial administration and reporting functions. The ministry maintains systems of financial management and internal control which give consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations and properly recorded so as to maintain accountability of public money,
- provide information to manage and report on performance,
- safeguard the assets and properties of the Province of Alberta under ministry administration,
- provide Executive Council, Treasury Board, the Minister of Alberta Finance and the Minister of Alberta Health and Wellness any information needed to fulfill their responsibilities, and
- facilitate preparation of ministry business plans and annual reports required under the *Government Accountability Act*.

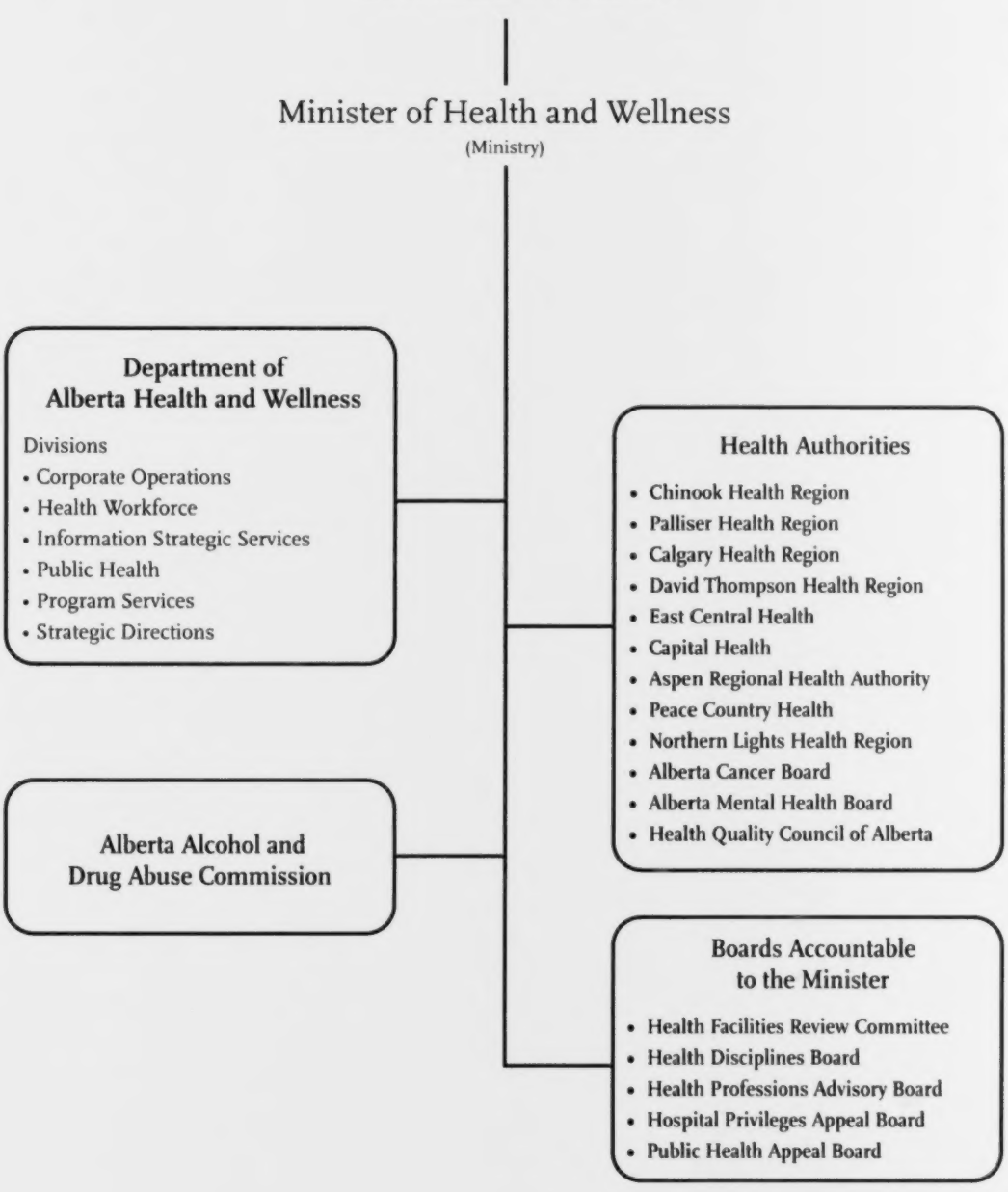
In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executive of the individual entities within the ministry.

Paddy Meade
Deputy Minister
Ministry of Health and Wellness
September 13, 2007

Overview

Ministry of Health and Wellness Organization

(For the year ended March 31, 2007)


Government of Alberta
Minister of Health and Wellness
(Ministry)
Department of Alberta Health and Wellness
Divisions
• Corporate Operations
• Health Workforce
• Information Strategic Services
• Public Health
• Program Services
• Strategic Directions
Alberta Alcohol and Drug Abuse Commission
Health Authorities
• Chinook Health Region
• Palliser Health Region
• Calgary Health Region
• David Thompson Health Region
• East Central Health
• Capital Health
• Aspen Regional Health Authority
• Peace Country Health
• Northern Lights Health Region
• Alberta Cancer Board
• Alberta Mental Health Board
• Health Quality Council of Alberta
Boards Accountable to the Minister
• Health Facilities Review Committee
• Health Disciplines Board
• Health Professions Advisory Board
• Hospital Privileges Appeal Board
• Public Health Appeal Board

Vision, Mission and Core Businesses

The Government of Alberta's vision for Alberta is:

> *A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children.*

That vision is supported by Alberta Health and Wellness' vision:

> *Albertans are healthy and live, work and play in a healthy environment.*

The achievement of this vision is everybody's responsibility. The Ministry of Alberta Health and Wellness plays a leadership role in achieving this vision through our mission, core businesses and goals.

Mission, Core Businesses and Goals

The two-part mission of the ministry as set out in the 2006-2009 business plan is:

> *Provide leadership and work collaboratively with partners to help Albertans be healthy and respond to opportunities and change.*
>
> *Support individuals, families and service providers in making the best decisions about their health.*

The ministry fulfills this mission through three core businesses, each of which is supported by corresponding business plan goals.

Core Business 1: Advocate and educate for healthy living.

Goal 1 – Albertans make choices for healthier lifestyles.

Goal 2 – Albertans' health is protected.

Core Business 2: Provide quality health and wellness services.

Goal 3 – Improved access to health services.

Goal 4 – Contemporary health workforce.

Goal 5 – Improved health service outcomes.

Core Business 3: Lead and participate in continuous improvement in the health system.

Goal 6 – Health system efficiency, effectiveness and innovation.

Highlights for 2006/2007

In 2006/2007 the ministry continued to pursue its goal of improving the performance and accessibility of the health system in meeting the needs of Albertans. Steady progress was made on improving access and reducing wait times for such services as open heart surgery and hip and knee joint replacement. Increased emphasis was placed on the goal of life-long health and on the strengthening of programs and services aimed at children and youth.

Upon his appointment in December of 2006, the Minister of Health and Wellness was given a mandate letter by the premier. The mandate letter gave priority to four specific directions: health care productivity and sustainability initiatives, health workforce strategies, a new pharmaceutical strategy, and the promotion of wellness and the prevention of injury and disease. These directions will help to put Alberta on the path towards a sustainable, affordable and cost-effective health system.

The following are highlights of the ministry's achievements in relation to each core business in its 2006 – 2009 business plan.

Core Business One: Advocate and educate for healthy living

A new overarching mental health framework was developed, entitled *Positive Futures — Optimizing Mental Health for Alberta's Children and Youth: A Framework for Action (2006 – 2016)*. The framework outlines strategic directions and activities intended to achieve optimal mental health for children and youth up to 24 years of age. To support the framework, Alberta Health and Wellness invested $39 million, to be distributed over three years, to support six projects to improve mental health for Alberta's children and youth, as well as to support the mental well-being of their families and communities. This is a continuation of government's commitment to strengthening community mental health services that was initiated with the Mental Health Innovation Fund.

To help put children and youth on a path to lifelong health, more than $30 million was allocated to fund several new programs. The Newborn Metabolic Screening Program has been expanded to screen for 17 disorders including cystic fibrosis. Pre-school developmental screening programs and follow-up services will be further developed. Programs to promote healthy weights in children will also be expanded, which will include nutrition guidelines for organizations serving children and youth.

The Alberta Provincial Stroke Strategy was initiated to give Albertans enhanced access to appropriate stroke treatment and care. The strategy is a partnership between government, regional health authorities and the Alberta Heart and Stroke Foundation to reduce the rate of strokes and improve acute treatment, rehabilitation care and outcomes for patients. Government has committed $20 million over two years to support the program. Through the strategy, all nine Alberta health regions will have primary stroke centres. Stroke specialist consultation will be accessible by telehealth links to the main stroke centres of Calgary and Edmonton.

In May 2006, the *Cancer Prevention Legacy Act* was proclaimed to help build a cancer-free future for Albertans, and demonstrated Alberta's commitment to becoming a leader in the fight against cancer. The Act established a $500 million Alberta Cancer Prevention Legacy Fund to support initiatives in cancer prevention, screening, and education. The fund will also support a virtual research institute to coordinate all cancer research throughout the province. As well as expanding existing cancer screening programs, the legacy fund will assist with identifying new strategies in prevention and screening including implementation of a province-wide colorectal cancer screening program. These screening programs help detect the signs of cancer in its earliest stages.

Core Business Two: Provide quality health and wellness services

During 2006/2007, five new Primary Care Networks were added bringing the total across Alberta to 19. These networks involve over 900 physicians and provide services to more than one million Albertans. Primary Care Networks use a team approach to coordinate care for their patients. Family physicians working in these networks are better able to integrate and link their service with such regional services as home care. In so doing, family physicians work closely with other health providers such as nurses, dietitians, pharmacists, physiotherapists and mental health workers.

The Provincial Nominee Program helps international medical graduates obtain permanent citizenship and continue providing health services in Alberta. The program filled 37 allocations in 2006/2007. Since the Provincial Nominee Program allows for fast tracking of citizenship, it has been effective in attracting health care workers to Alberta.

The Alberta International Medical Graduate program was expanded to offer positions to 48 international medical graduates for the August 2006 program. This is an increase of 20 from the previous year. A total of 20 candidates for family physician placement and 28 candidates for placement in various residency training programs will be accepted into the program in July 2007.

On July 1, 2006, the Health Quality Council of Alberta was granted status as a provincial health board under the *Regional Health Authorities Act*. The council is a catalyst for change in the health system, and serves as an independent body to measure, monitor and assess patient safety and health service quality throughout the province. The council also surveys Albertans on their experiences and satisfaction with patient safety and health service quality, and then reports directly back to Albertans.

Core Business Three: Lead and participate in continuous improvement in the health system

On February 28, 2006, the Alberta government launched a consultation process with Albertans by releasing a draft of the *Health Policy Framework*. The purpose of the framework was to invite Albertans to discuss ways of improving the sustainability, flexibility and accessibility of their health system. The minister held extensive public consultations during March 2006, following which a report entitled *What We Heard* was released. Albertans indicated their support for health system renewal, but did not agree with allowing physicians to work in both the

public and private systems, and did not agree with allowing individuals to pay privately for quicker access to services. Based on this, the *Health Policy Framework* was revised and re-issued in August 2006.

Alberta Netcare, Alberta's electronic health record system, continued to be expanded throughout the province. The system is currently deployed in 418 physician offices and 530 pharmacies. Alberta Netcare links community physicians, pharmacists, hospitals, and other authorized health care professionals. The system provides a secure lifetime record of key information about the health of individual patients. This information includes demographic details, prescribed and dispensed drugs, known allergies and intolerances, laboratory test results, and diagnostic images and interpretive reports.

Financial Results

The 2006/2007 fiscal year featured another year of continuing growth in health care services. The ministry spent $10.7 billion on health care, an increase of $1.1 billion or 11.8 per cent from 2005/2006. Explanations for significant changes underlying this trend in expenditures, as well as for gradual reductions in revenue, are provided below.

Revenues

Overall ministry revenue sources declined in 2006/2007 by $168 million to $3.1 billion. The reductions were primarily due to decreased revenue from the Government of Canada, which included the expiry of supplemental federal funding received in 2005/2006, and the completion of federal diagnostic/medical equipment funding. These reductions were partially offset by increased Alberta Health Care Insurance Premium revenues, increased funding from the federal Wait Times Reduction Fund, and new funding from the provincial Alberta Cancer Prevention Legacy Fund.

Expenses

Ministry spending has increased by 11.8 per cent in 2006/2007 as a result of several cost drivers for the health care system. Price inflation was 4.6 per cent, comprised mostly of wage inflation for health care providers. The population of Alberta grew by 3.0 per cent, the largest increase in many years, adding to the volume of health services provided. Health care needs are also dependent upon age. The aging of our population, all other things held equal, required an estimated additional 1.1 per cent increase in health services. The remainder of the health expenditure increase is accounted for by a variety of factors including new technology and drugs, delivery system improvements and service enhancements.

The largest component of ministry expense is the funding of regional health delivery and provincial health boards. Driven by inflationary pressures and increased service demand, this component increased by 9.7 per cent, or $541 million, to provide for pressures facing the health system. Included in the $541 million is the in-year funding provided for general operating increases and for the negotiated Licensed Practical Nurses mediated salary settlements.

Targeted health authority increases included support to the Alberta Cancer Board's enhancement of the Schedule of Cancer Drugs with Oxaliplatin for advanced colorectal cancer treatment. Another $11.7 million was provided to Peace Country

Health and Northern Lights Health Regions to assist in the recruitment and retention of staff working in these regions.

The new two-year negotiated settlement for the financial re-opener of the Trilateral Master Physician Agreement between the Alberta government, the Alberta Medical Association (AMA) and regional health authorities also focuses on retention and recruitment initiatives to help meet the increasing demand for more physicians in Alberta. In addition to increased compensation rates for physicians, the new agreement introduces a retention benefit to recognize physicians for the number of years that they have practiced in Alberta. It also recognizes the unique circumstances of communities under pressure by establishing the Clinical Stabilization Initiative. This initiative will focus on under-serviced areas and increased business costs and is to be finalized in fiscal 2007/2008.

The 2006/2007 fiscal year also saw increased costs under the non-group health benefits, primarily due to rising prices and utilization of drugs for seniors. Blood and blood product costs also increased by $12 million.

Overall, spending on Alberta Netcare to support province-wide technology enhancements and interconnection of health professionals to patient information decreased in 2006/2007 due to the completion of one-time funding in 2005/2006. The government is on track to meet the goal of every Albertan having an electronic health record by 2008.

In 2006/2007, the transfer of responsibility for health facilities infrastructure projects to the Minister of Health and Wellness was completed; this was the first full year of annualized funding and administration of infrastructure programs within the ministry. Government commitment of capital funding for renovation and expansion projects at existing health care facilities and to construct new facilities was unprecedented. In addition, $150 million in one-time funding was provided to health authorities to support purchases of diagnostic/medical equipment, which is almost 143 per cent more than the funding provided in 2005/2006.

Wellness initiatives play an important role in the promotion of health and reduction of demand for health services in Alberta. To this end, the ministry embarked on several new wellness initiatives in 2006/2007. The ministry began a three-year, $18 million investment towards promoting healthy weights in children and youth in Alberta over the next three-years with the long-term goal of reducing obesity and chronic disease. This investment involved the commencement of five new programs which aim to put children and youth on a path to life-long health.

The first of these programs is a three-year multi-strategy awareness campaign designed to increase awareness and positively influence healthy eating and active living behaviours among children and youth. Secondly, regional health authorities received funding to hire Regional Health Promotion Coordinators to facilitate innovative community-based approaches to promote healthy weights for children and youth. The Alberta Nutrition Guidelines for Children and Youth are being developed to help organizations and facilities (childcare, school and recreation settings) offer healthy food choices for children and youth. A Healthy School Community Wellness Fund was created to engage school community stakeholders in developing and implementing innovative

initiatives that support active living, healthy eating, and positive social environments in school communities. Finally, the new Healthy School Communities Award recognizes and celebrates the collaborative efforts to reduce barriers to healthy choices and promote healthy behaviours of children and youth.

To protect Albertans from communicable disease, a new 10-year immunization strategy to increase immunization rates and promote wellness and disease prevention in Alberta was created. The strategy was implemented in collaboration with other ministries, regional health authorities, First Nations and Inuit Health Branch, Health Canada Alberta Region, professional associations and national organizations. The goal is to improve immunization rates and reduce the number of cases of vaccine-preventable diseases and outbreaks.

A new three-year, $39 million commitment began in 2006/2007 to improve children's mental health in Alberta, as well as to support the mental well-being of their families and communities. This initiative stems from the development of a new 10-year overarching mental health framework which outlines directions and activities to achieve optimal mental health for children and youth up to 24 years of age. Funding for six projects has been provided, three of which build upon the Alberta Suicide Prevention Strategy announced by the Alberta Mental Health Board by training helpers at the community level in the areas of suicide prevention and mental health, decreasing intentional drug overdoses in youth, and enhancing programs for those bereaved by suicide. Two projects include building local capacity for addressing mental health needs of children, youth and families, and the final project is to provide training for school personnel in mental health first aid.

The 2006/2007 fiscal year was the inaugural year for $25 million in annual investments for cancer prevention and research provided from the Cancer Prevention Legacy Fund. In the spring of 2006, the Government of Alberta enacted the *Alberta Cancer Prevention Legacy Act* which contains provisions for a Legacy Fund. From this fund, $25 million is provided annually to the Alberta Cancer Board which provides leadership for the on-going initiatives supported by the fund.

The aim of the Legacy Fund is to support truly innovative approaches to cancer prevention, screening, and research programs and services that will significantly impact the burden of cancer for Albertans over the next two decades. The primary area of focus for 2006/2007 has been to establish strategic steps that will support the on-going goals and objectives of the Legacy Fund.

A new province-wide colorectal screening program was introduced in 2006/2007 which focuses on research, public education, and more direct treatment of persons at risk for this type of cancer, particularly between ages 50 and 74 years. Funded by the ministry and the Legacy Fund, it will be phased in over the next five years. There are currently 1,400 new cases of colorectal cancer in Alberta each year and it kills about 580 Albertans annually.

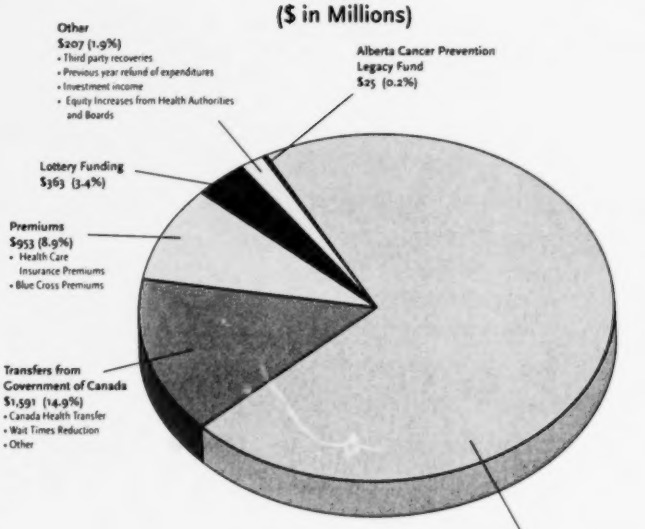
Funding continued for projects designed to improve province-wide access to health services with reduced wait times. The early success of the Alberta Hip and Knee Replacement Project demonstrated the value of developing innovative models of patient care. This patient-centered approach was extended to breast and prostate cancer care,

coronary artery bypass surgery, MRIs and CT scans. Alberta takes an overall health systems approach to access and focuses on the patient's entire journey through the system rather than focusing on discrete episodes of care and service. A health systems approach is about optimizing the outcomes of care and maximizing the use of resources and professional services.

Reflecting the province's commitment to Albertans and the recommendations of the MLA Task Force on Continuing Care, continuing care was improved by increasing funding for the number of nursing and personal care hours per resident in long-term care facilities, increases in therapy, implementing new health care standards and improving case coordination.

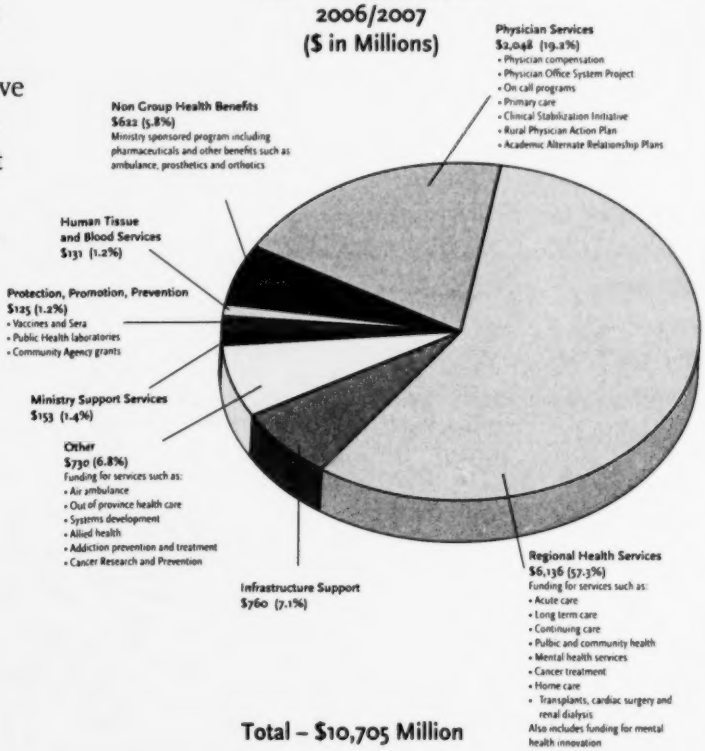
The *Protection of Children Abusing Drugs Act* took effect in Alberta, July 1, 2006. The legislation allows a parent or guardian of a child who is abusing alcohol or other drugs to apply for a court order to have the child placed in a protective safe house for up to five days. The Alberta Alcohol and Drug Abuse Commission (AADAC) expanded treatment in support of the Act including the implementation of mandated detoxification and assessment services for children confined under the act. AADAC opened 20 detoxification and assessment beds in five protective safe houses located in the communities of Edmonton, Calgary, Red Deer, Grande Prairie and Picture Butte.

Alberta Health and Wellness
Funding Sources
2006/2007
($ in Millions)



Total – $10,705 Million

Alberta Health and Wellness
How Funding was Spent
2006/2007
($ in Millions)



Total – $10,705 Million

Results Analysis

AUDITOR GENERAL *Alberta*

Report of the Auditor General on the Results of Applying Specified Auditing Procedures to Performance Measures

To the Members of the Legislative Assembly

Management is responsible for the integrity and objectivity of the performance results included in the *Ministry of Health and Wellness' 2006-07 Annual Report.* My responsibility is to carry out the following specified auditing procedures on performance measures in the annual report. I verified:

Completeness

1. Performance measures and targets matched those included in Budget 2006. Actual results are presented for all performance measures.

Reliability

2. Information in reports from external organizations, such as Statistics Canada, matched information that the Ministry used to calculate the actual results.
3. Information in reports that originated in the Ministry matched information that the Ministry used to calculate the actual results. In addition, I tested the processes the Ministry used to compile the results.

Comparability and Understandability

4. Actual results are presented clearly and consistently with the stated methodology and are presented on the same basis as targets and prior years' information.

I found no exceptions when I performed these procedures.

As my examination was limited to these procedures, I do not express an opinion on whether the set of measures is relevant and sufficient to assess the performance of the Ministry in achieving its goals.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
August 20, 2007

Ministry Role

The Ministry

In Canada the responsibility for health is shared between the federal and provincial levels of government and is defined in the Canadian constitution. Provincial governments are responsible for the delivery of medical and hospital services to the majority of Canadians. The federal government is responsible for the delivery of health services to members of the Royal Canadian Mounted Police, the Canadian armed forces, and federal prisoners. The federal government also provides some health services to veterans and persons with status under the *Indian Act*. Both federal and provincial governments share the responsibility for protecting public health.

Alberta's health care system is defined in provincial legislation and is governed by the Minister of Alberta Health and Wellness. The Ministry of Alberta Health and Wellness provides strategic direction and leadership to the provincial health system. This role includes developing the overall vision for the health system, defining provincial goals, objectives, standards and policies, encouraging innovation, setting priorities, and allocating resources. The ministry's role is to assure accountability and balance health service needs with fiscal responsibility. Alberta Health and Wellness also has a major role in protecting and promoting public health. This role includes: 1) monitoring the health status of the population; 2) identifying and working toward reducing or eliminating risks posed by communicable diseases and food-borne, drug and environmental hazards; 3) providing appropriate information and early intervention services to prevent the onset of disease and injury; and 4) promoting healthy choices and developing healthy and supportive environments.

The ministry administers the Alberta Health Care Insurance Plan. The ministry registers eligible Alberta residents for coverage under the plan and compensates practitioners for the insured services they provide. Alberta Health and Wellness also provides funding to regional health authorities and provincial boards. They are responsible to the minister for providing services in accordance with their legislated mandate. The role of regional health authorities and provincial boards includes assessing needs, setting priorities, allocating resources and monitoring performance for the continuous improvement of health service quality, effectiveness and accessibility.

The following six sections of this annual report are organized according to the six goals of the 2006-2009 ministry business plan. Specific information is provided about actions, key achievements, performance indicators and results, in relation to the planned strategies under each goal. The strategies are highlighted in bold print.

Goal 1 Albertans make choices for healthier lifestyles.

Early childhood development, education, employment, lifestyle choices, socio-economic environments and genetic make-up are among the many factors that determine the health of an individual and society. Albertans are encouraged to realize their full health potential through informed lifestyle choices. A healthy lifestyle greatly contributes to the quality and length of a person's life. The ministry, health authorities and health service providers play an important role in providing the information to Albertans so that they can make the best choices for their health.

What We Did

Support Albertans in making healthy lifestyle choices through information services like healthyalberta.com.

- The newly re-designed healthyalberta.com website was officially launched on March 26, 2007. The re-designed website provides even more information on active living, healthy eating and workplace health, and makes it easier for users to navigate through the website to find health information.

Collaborate with community stakeholders to strengthen the ability of individuals and communities to increase healthy behaviours and reduce the risk of disease, illness and injury.

- *Healthy U* is a provincial initiative which promotes the benefits of healthy eating and active living, which are important lifestyle factors that contribute to reducing the risk of chronic diseases. The initiative includes the healthyalberta.com website, *Healthy U* Crew, fall media campaign, Community Choosewell Challenge, *Healthy U @* work, the Premier's Award for Healthy Workplaces, *My amazing little cookbook*, illustrated recipe cards and a healthy eating guidebook.
- Ten Alberta communities were honoured by the province as part of the *2006 Community Choosewell Challenge*, which recognizes communities that go the extra mile to promote healthy living to their residents. The 2006 Alberta high achievers are: Denwood, Two Hills, Vegreville, Grande Prairie and the Regional Municipality of Wood Buffalo. Other communities being recognized for their achievements include: Waskatenau, High Level, Didsbury, Lloydminster and Medicine Hat. Examples of original initiatives to promote healthy living include establishing community garden programs and hosting local events that encourage activity to build lasting healthy partnerships.
- Twelve Alberta employers were recognized in April 2006, for their commitment to improving the health of their employees over the last year. These employers were recipients of the first annual Premier's Award for Healthy Workplaces. As part of the Alberta government's *Healthy U @* work initiative, the award acknowledges employers who encourage their staff to make healthy eating choices and incorporate active living into their workday. Awards of Distinction were presented to: The Arthritis Society, Alberta Newsprint Company, Alberta Blue Cross and University of Calgary.

- The ministry allocated more than $30 million in funding, over three years, for seven new programs that helped put children and youth on a path to lifelong health. These initiatives include expanding screening programs to detect 17 conditions including cystic fibrosis in newborns, pre-school developmental screening and follow-up services, and programs to promote healthy weights in children which includes the establishment of new child and youth nutrition guidelines.
- The new provincial Healthy School Communities Award program was established to honour individuals, businesses, organizations and communities for encouraging healthy lifestyles among children and youth. This award recognizes efforts by health authorities, school authorities, schools, communities, businesses and individuals to reduce barriers to healthy choices and promote healthy behaviours among children and youth. The award also celebrates programs that address healthy eating, physical activity and mental well-being within school communities. The program will also promote best practices in creating healthy school communities. Seventy-four nominations were received from school communities across the province. Awards will be presented to recipients in June 2007.
- A new social marketing campaign was launched to promote healthy weights among children and youth. The program included television commercials, cinema spots and a magazine called *"You! Fun Ways to be Healthy!"* to help increase awareness and positively influence healthy eating and active living.

Provide health and lifestyle information to help people make healthy choices to reduce the risk of disease and injury (e.g., Fetal Alcohol Spectrum Disorder, obesity, sexually transmitted infections, HIV).

- In July 2006, the *Report on the Health of Albertans* was completed. The report provided information on demographics, determinants of health, non-communicable (chronic) disease, mental health, injury, and communicable disease. A historical context is provided on key health indicators, with key historical events in the evolution of Alberta's health care system highlighted.
- The ministry allocated over $2 million in funding to the Alberta Community Council on HIV. This funding, used for HIV prevention, care and support for those infected and affected by HIV, supported 14 community-based HIV service organizations and 11 community-based HIV projects throughout Alberta.

Ensure that addiction information, prevention and treatment services are available province-wide.

- On July 1, 2006, the *Protection of Children Abusing Drugs Act* was enacted to allow a parent or a guardian of a child who is using alcohol and/or other drugs in a way that may cause significant harm to the child or others, to apply for a court order to have the child placed in a protective safe house for up to five days. During this court-ordered confinement, AADAC provides detoxification and assessment services, and works with the child and parent/guardian to develop a voluntary treatment plan after the child leaves the protective safe house. To assist with

this initiative, AADAC opened 20 new detoxification and assessment beds in five protective safe houses located in Red Deer, Picture Butte, Grande Prairie, Edmonton and Calgary.

- In September 2006, after a comprehensive consultation process, the Premier's Task Force on Crystal Meth released its report: *"Fighting Back: Report and Recommendations of the Premier's Task Force on Crystal Meth"*. The report listed 83 recommendations that reflected three key themes: preventing people from starting to use crystal methamphetamine, healing and treatment of those who are addicted, and getting tough on dealers and producers to get the drug off the street.

Work with other ministries to target strategic health and wellness initiatives that address the health needs of children, youth, seniors, Aboriginal communities and Albertans with disabilities or who are disadvantaged.

- A new overarching mental health framework was developed, entitled *Positive Futures — Optimizing Mental Health for Alberta's Children and Youth: A Framework for Action (2006-2016)*. The framework outlines strategic directions and activities intended to achieve optimal mental health for children and youth up to 24 years of age. To support the framework, Alberta Health and Wellness invested $39 million, to be distributed over three years, to support six projects to improve mental health for Alberta's children and youth, as well as to support the mental well-being of their families and communities.
- In partnership with the ministries of Children's Services, Seniors & Community Supports, and Education, the department created "Talk Boxes" for children aged zero to five and five to 12. The Talk Boxes, which are resource kits that contain information on how to create language rich environments for children and youth, were distributed to regional health authorities, school jurisdictions, accredited daycares and Parent Link Centres across Alberta.
- The Aboriginal Health Strategy Project Fund provided almost $350,000 in funding for seven new community-based initiatives across Alberta designed to address the determinants of health, prevent injuries, and improve access to basic health services for aboriginal Albertans. Additional funding of $700,000 was provided to continue 17 initiatives in their second or third year of implementation. These initiatives are addressing the marked disparity in health status between aboriginal Albertans and the general population.
- The preschool Developmental Screening and Follow up Services Innovation project allocated funding to Chinook, David Thompson, East Central and Capital Health Authorities. These collaborative three-year projects will explore strategies to improve access to screening, assessment, intervention and service coordination to young children at risk of developmental delays.

Key Performance Measures and Results

MEASURE 1.A

Self Reported Health Status

Self reported health status is a good indicator of the health and well-being of Albertans. It is accepted nationally and internationally as a means of reporting on population health. How people rate their own health is affected by a variety of factors, including genetic factors, early childhood development, education, employment status, chronic disease, disability, temporary illness, mental health and the environment. Self-reported health status has remained relatively constant and is slightly below the target in 2007 for those 18 to 64 and those 65 years old and over.

Self reported health status

	2003	2004	2005	2006	2007	Target 2006/2007
Age 18 – 64 Per cent reporting excellent, very good, or good health	90	88	89	88	87	90
Age 65+ Per cent reporting excellent, very good, or good health	80	78	78	86	78	80

Source: 2007 HQCA Provincial Survey, conducted by the Population Research Laboratory, University of Alberta.
Data are collected through a telephone survey of 1,200 randomly selected Alberta households. The survey is commissioned by the HQCA and is conducted by the Population Research Laboratory at the University of Alberta.
Adult Albertans are asked: "In general, compared with other people your age, would you say your health is: excellent, very good, good, fair, or poor?" Sample size for the 18 to 64 group is 1,028, and estimates are accurate within about two per cent 19 times out of 20. Sample size for the 65+ group is 171 and these estimates are accurate within about six per cent 19 times out of 20.
2006 HQCA Satisfaction with Health Care Services: A Survey of Albertans.
2003-2005, Public Survey about Health and the Health System in Alberta.

MEASURE 1.B

Life expectancy

Life expectancy at birth is the average number of years a newborn is expected to live. It is assumed that current mortality rates will remain constant throughout their lives. In the last century, life expectancy has greatly increased in the western world due to the eradication and control of many infectious diseases and the near elimination of infant mortality. Past improvements in medicine, public health, and nutrition mainly increased the number of people living beyond childhood having little effect on overall life expectancy. It is believed, however, that future medical advancements aimed at better disease monitoring and simple intervention such as blood pressure and clotting level control will prevent many sudden deaths or strokes increasing life expectancy further. On the other hand, the rising prevalence of obesity is thought to reduce the potential for longer life by contributing to the rise of cancers, heart disease and diabetes in the developed world. Life expectancy for males and females in Alberta has slowly increased over the past five years and is now just slightly below the targets of 78 and 83 years respectively.

Life expectancy at birth (in years)

	2002	2003	2004	2005	2006	Target 2006/2007
Male	77.4	77.5	77.8	77.5	77.9	78
Female	82.0	82.3	82.6	82.7	82.9	83

Source: Alberta Vital Statistics Registry, Alberta Health Care Insurance Plan Registry.
Previous years values may have been restated because data is obtained from a dynamic data system.
95% Confidence interval is +/- 0.2 years

Measure 1.C

Human Immunodeficiency Virus (HIV)

Since 2003, the rate of newly reported HIV cases has been gradually increasing. However, the risk factor associated with HIV has changed. There has been a decrease in new infections among injection drug users; however, this has been accompanied by a rise in sexual transmission of HIV. In 2005, 73 per cent of all new HIV infections were sexually transmitted. Alberta's first Blood Borne Pathogen and Sexually Transmitted Infections Strategy, which will address these important challenges, is awaiting final approval and implementation.

Age adjusted rate of newly reported HIV cases (per 100,000 population)

	2002	2003	2004	2005	2006	Target 2006/2007
Age adjusted rate of newly reported HIV cases	6.0	5.3	5.5	5.7	6.9	5.5

Source: Alberta Health and Wellness, Disease Control and Prevention Branch
Age adjusted based on the 1996 census standardized population.
Previous years values may have been restated because data is obtained from a dynamic data system.

Measure 1.D

Sexually Transmitted Infections

Since 2000, the rate of all reportable Sexually Transmitted Infections (STIs) in Alberta has been increasing each year. In 2006 STIs represented 69 per cent of all communicable diseases reported in Alberta. The number of cases of infectious syphilis in Alberta increased dramatically in 2006 and was declared an outbreak by the Provincial Health Office. In response, Alberta Health and Wellness launched a public communication campaign to raise public awareness about the outbreak of syphilis and to educate Albertans about safer sex practices and testing responsibilities. The Provincial Laboratory was provided with additional funding for the provision of enhanced and more accurate syphilis testing. The intent of these initiatives was to eliminate congenital syphilis (syphilis in newborns) and decrease the rates of syphilis overall, to increase STI testing and treatment and to educate Albertans about the significant health problems caused by STIs.

Age adjusted rate of newly reported sexually transmitted infections (per 100,000 population)

	2002	2003	2004	2005	2006	Target 2006/2007
Syphilis	0.6	1.2	2.4	4.5	6.6	4.0
Gonorrhea	32	33	43	47	65	50
Chlamydia	238	252	263	274	317	280

Source: Alberta Health and Wellness, Disease Control and Prevention Branch
Age adjusted based on the 1996 census standardized population.
Previous years values may have been restated because data is obtained from a dynamic data system.
Values for syphilis were recalculated as the definition of infectious syphilis was broadened to include cases of neurosyphilis that are determined, through clinical evaluation, to be infectious.

MEASURE 1.E

Birth Weight

Birth weight is an indicator of the health status of newborns. Adequate prenatal growth is essential for future growth and development. Low birth weight babies are more likely to have birth related complications, disabilities, and other health problems. They are also more likely to have developmental delays, learning, and behavioural problems and long-term health problems. Low birth weight is a major factor in infant mortality. Very low birth weight babies (under 1,500 grams) are especially likely to have long-term health problems and to require higher levels of health care throughout their lives. The percentage of low birth weight babies in Alberta has increased over the last decade. The percentage of low birth weight babies during the period from 2003 – 2005 was slightly higher than the 2006/2007 target of six per cent.

Per cent of low birth weight babies

	1994-1996	1997-1999	2000-2002	2003-2005	Target 2006/2007	Target 2012
Per cent of Alberta newborns who have a birth weight less than 2500 grams	5.9	6.1	6.2	6.4	6.0	5.5

Source: Alberta Vital Statistics Birth File.

MEASURE 1.F

Exercise

Physical activity can help protect an individual against heart disease, obesity, high blood pressure, diabetes, osteoporosis, stroke, depression and certain kinds of cancers. However, the number of Albertans who report being active or moderately active is below the target of 60 per cent. Albertans who maintain an active lifestyle can improve their quality of life and long-term health outcomes.

Per cent of Albertans age 12 and over who are "active or moderately active"

	1998/1999	2000/2001	2002/2003	2004/2005	Target 2006/2007	Target 2012
Per cent of Albertans age 12 and over reporting they are "active or moderately active"	53	52	56	55	60	80

Source: Statistics Canada - Canadian Community Health Survey (CCHS) (2000/2001, 2002/2003, 2004/2005), National Population Health Survey (1998/1999).
Approximate sample size for Alberta is 12,000 households, which provides a 95 per cent confidence interval of about 1 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas. Survey is conducted every 2 years. Results are adjusted for non-respondents.
Albertans age 12 and older who reported their level of physical activity, based on their responses to questions about the frequency, duration and intensity of their participation in leisure-time physical activity.
Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past 3 months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 - 2.9 kcal/kg/day = moderately active; less than 1.5 kcal per day = inactive.

MEASURE 1.G

Healthy Diet

Eating the right amount of food is as important as what you choose to eat. Eating well provides the fuel for an active, healthy lifestyle. Vegetables and fruit help people stay healthy. They are loaded with vitamins, fibre and antioxidants, all known to help fight disease and allow our bodies to perform at their best. Choosing nutritious foods can also help to lower the risk for heart disease, stroke, diabetes, cancer, and osteoporosis.

The updated *Eating Well with Canada's Food Guide* was released in February 2007, providing guidance on the importance of eating a variety of foods from each of the four food groups to get all the nutrients needed and in the appropriate portion size for age and gender. The guide promotes choosing a serving of fruit and vegetables at every meal and snack to reach the goal of at least five servings every day.

Per cent of Albertans who eat at least 5 servings of fruit and vegetables each day

	2000/2001	2002/2003	2004/2005	Target 2006/2007	Target 2012
Per cent of Albertans age 12 and over reporting they ate at least 5 servings of fruit and vegetables each day	33	39	39	40	50

Source: Statistics Canada - Canadian Community Health Survey (CCHS) (2000/2001, 2002/2003, 2004/2005).
Approximate sample size for Alberta is 12,000 households, which provides a 95 per cent confidence interval of about 1 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas. Survey is conducted every 2 years. Results are adjusted for non-respondents.
Albertans age 12 and older who reported they ate at least 5-10 servings of fruit and vegetables each day.

MEASURE 1.H

Healthy Weight

There are four categories of body mass index (BMI) ranges in the Canadian weight classification system. These are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9), and obese (BMIs 30 and over). Most adults with a high BMI (overweight or obese) have a high percentage of body fat. Extra body fat is associated with increased risk of health problems such as diabetes, heart disease, high blood pressure, gallbladder disease and some forms of cancer. In 2004/2005, only 46 per cent of Albertans had an acceptable or normal weight BMI, which is below the target of 50 per cent.

Per cent of Albertans with an "acceptable" body mass index (BMI)

	1998/1999	2000/2001	2002/2003	2004/2005	Target 2006/2007	Target 2012
Per cent of Albertans age 18 and over with "acceptable" body mass index (BMI)	46	49	47	46	50	55

Note: A normal BMI (18.5 to 24.9) is considered acceptable.
Source: Statistics Canada - Canadian Community Health Survey (CCHS) (2000/2001, 2002/2003, 2004/2005), National Population Health Survey (1998/1999).
Approximate sample size for Alberta is 12,000 households, which provides a 95 per cent confidence interval of about 1 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas. Survey is conducted every 2 years. Results are adjusted for non-respondents. The index excludes pregnant women and persons less than 3 feet (0.914 meters) tall or greater than 6 feet 11 inches (2.108 meters).
Albertans age 18 and older who reported Body Mass Index (BMI), based on their responses to questions about their height and weight. "Acceptable" BMI includes respondents with a normal weight (BMI 18.5-24.9).
BMI is calculated as follows: weight in kilograms divided by height in meters squared. The index is: under 18.5 (underweight); 18.5-24.9 (normal weight); 25.0-29.9 (overweight); 30.0-34.9 (obese-Class I); 35.0-39.9 (obese-Class II); 40 or greater (obese - Class III).

MEASURE 1.I

Diabetes

Type 2 diabetes accounts for 90 to 95 per cent of all cases of diabetes. Type 2 diabetes is largely preventable. Diabetes is a serious, chronic health condition and a major cause of and contributor to disease and death among Albertans. People with diabetes are 2.5 times more likely to have heart disease, 11 times more likely to have kidney failure, 17 times more likely to have an amputation, and eight times more likely to undergo bypass surgery. Under the Alberta Diabetes Strategy, the Alberta Monitoring for Health program helps approximately 20,000 low-income Albertans buy supplies and the Mobile Diabetes Screening Initiative screens aboriginal people living off-reserve for diabetes and its complications.

As the number of people with diabetes grows, the disease takes an ever-increasing proportion of health care budgets. Without primary prevention, the diabetes epidemic will continue to grow. Immediate actions are needed to help slow the rate of growth and to introduce cost-effective treatment strategies that will reverse this trend. Because of its chronic nature and the severity of complications, diabetes is a costly disease, not only for the affected individual and his/her family, but also for the health system.

Number of new case of type 2 diabetes (per 1000 population at risk)

	2002	2003	2004	2005	2006	Target 2006/2007	Target 2012
General Population	4.4	4.1	4.6	4.7	4.8	4.3	4.1
First Nations Population	8.2	8.9	8.5	8.6	8.9	8.7	8.5

Source: Alberta Health and Wellness, Public Health Surveillance and Environmental Health Branch
Age adjusted based on the 1996 census standardized population - population at risk includes Albertans without diabetes. Incidence rates are calculated based on the date an individual meets the surveillance case definition. The values are a proxy for type 2 diabetes based on calculations using type 1 and 2 diabetes. An individual is identified as having diabetes if they have had two or more physician visits within a five-year period or three or more physician services for a period longer than five years.
Previous years values may have been restated because data is obtained from a dynamic data system and there was a slight change in methodology.

MEASURE 1.J

Alcohol Consumption

The results show that the number of pregnant women who consume alcohol is declining. Consuming alcohol during pregnancy can result in fetal alcohol spectrum disorder. A baby born with fetal alcohol spectrum disorder can have serious developmental disabilities and therefore could require a lifetime of special care. Alberta's goal is to have zero per cent of women consume alcohol during pregnancy by 2012.

Per cent of Alberta women who consumed alcohol during pregnancy

	2002	2003	2004	2005	Target 2006/2007	Target 2012
Per cent of Alberta women who consumed alcohol during pregnancy	4.0	4.1	3.7	N/A	3.5	0

Source: Vital Statistics Birth File
Includes Albertan women who gave birth and reported they consumed alcohol during pregnancy.
Data excludes non-Albertan residents and is adjusted for non-respondents. Data for 2005 is not available.

Goal

2 Albertans' health is protected.

As public health issues such as avian influenza gain attention worldwide, Albertans need to know that their health system is ready and able to protect their health. Alberta Health and Wellness, in collaboration with health authorities and other partners, continues to protect Albertans from disease and injury.

What We Did

Reduce suicide and the risk of serious injury through education and targeted interventions in collaboration with other agencies. Work with Children's Services, and Solicitor General and Public Security to reduce the number of youth suicides.

- The Alberta Centre for Injury Control and Research continues to be supported through funding for their leadership role in injury prevention.
- The ministry continued to support the Alberta Occupant Restraint Program, which is focused on increasing the use of seatbelts.
- The ministry continued to support the Alberta Suicide Prevention Strategy and the Aboriginal Youth Suicide Prevention Strategy. Work was also done to build suicide prevention service capacity in five aboriginal community pilot sites.

Protect Albertans against communicable diseases by strengthening the health system's capacity to prevent, be prepared for and respond to public health risks such as vaccine-preventable diseases, emerging threats like avian influenza and increases in sexually transmitted infections.

- The draft *Alberta Pandemic Influenza Plan* for the health system was updated and released to regional health authorities in January 2007 to assist them in revising their regional pandemic plans. The plan will be publicly released in 2007/2008. As part of the *Alberta Pandemic Influenza Plan* for the health system, Alberta has purchased a supply of antivirals for the early treatment of pandemic influenza should a pandemic strike.
- A "train the trainer" session for regional sexually transmitted infections (STIs) partner notification nurses was held to support the implementation of enhanced techniques for locating people who have been in contact with STIs.
- A revision of the Notifiable Disease Report form and manual was completed to strengthen the provincial reporting on notifiable diseases. Training on the new materials was provided to regional communicable disease contacts.
- Staff collaborated with federal, provincial and territorial partners in the planning and development of a new public health information system focused on immunizations and communicable disease reporting and monitoring.

Protect Albertans from environmental health risks transmitted via air, water, food and physical environments through education, environmental and air quality monitoring, regulatory compliance and enforcement in partnership with other ministries.

- A reference manual entitled *Environmental Public Health Field Manual for Oil and Gas Activities in Alberta* was completed on March 19, 2007. This manual, the product of a multi-stakeholder initiative, is helping to assist regional health authorities in responding to public health matters where the oil and gas industry is involved.
- To help protect public health, the *Swimming Pool Regulation* was amended to include water spray parks and wading pools. The revised *Swimming Pool, Wading Pool and Water Spray Park Regulation* came into force on November 23, 2006 and introduced new Swimming Pool Standards. These standards outline enhanced safety procedures regarding equipment, technology and operations of all swimming pools, water spray parks and wading pools, and improved their disinfection and filtration systems.
- The final report and findings of the Wabamun and Area Community Exposure and Health Effects Assessment Program (WACEHEAP) was released in August, 2006. WACEHEAP was the fourth in a series of similar multi-stakeholder initiatives designed to measure various air contaminants that people are exposed to and to examine health conditions that may be related to these exposures.
- Environmental Impact Assessments (EIAs) for industrial development, submitted to Alberta Health and Wellness by development proponents through Alberta Environment, were reviewed to ensure that the impacts of these projects on human health were understood and addressed. Projects included:

  MEG Energy Christina Lake SAGD, CNRL Primrose East SAGD, Deer Creek Joslyn 3A SAGD, Deer Creek North Mine, Altalink 500kV Transmission Line, NW Upgrader, Suncor Voyageur Oil Sands Mine Expansion and Upgrader, Imperial Oil Kearl Oil Sands Mine, Shell/Albian Oil Sands Mine Expansion, Shell Scotford Upgrader Expansion, Birch Mountain Hammerstone Quarry, PetroCanada MacKay River Expansion SAGD, Suncor Firebag Stages 4 to 6 SAGD Update, Petro Can Fort Hills Mine Amendment.

  In addition, the following hearings associated with EIAs were attended:

  - Suncor Voyageur Oil Sands Mine Expansion and Upgrader, Imperial Oil Kearl Oil Sands Mine, Shell/Albian Oil Sands Mine Expansion
- In response to concerns raised with an Environmental Impact Assessment, an investigation into the arsenic concentrations in specific traditional foods in Northern Alberta was conducted. The findings were presented in the final report *Assessment of the Potential Lifetime Cancer Risks Associated with Exposure to Inorganic Arsenic among Indigenous People Living in the Wood-Buffalo Region of Alberta.*
- Under the leadership of the department, a committee, including representation from regional health authorities, was created to respond to the recommendations of the 2005/2006 Auditor General's report on food safety systems in Alberta. Work continues.

- The ministry is working with other ministries and stakeholders through the Clean Air Strategic Alliance (CASA), which recommends strategies to assess and improve air quality in Alberta. Alberta Health and Wellness is assisting in reviewing and making recommendations through the CASA process on air quality associated with confined feeding operations, particulate matter and ozone, human and animal health, flaring and venting and ambient monitoring strategic planning.

Develop networks and initiatives that improve access to disease screening and prevention services such as the Alberta Provincial Stroke Strategy.

- The Alberta Provincial Stroke Strategy was initiated to give Albertans 24-hour access through their physicians to stroke treatment and specialist consultation. The strategy is a partnership between government, regional health authorities and the Alberta Heart and Stroke Foundation to reduce the rate of strokes and improve acute treatment, rehabilitation care and outcomes for patients. Government has committed $20 million over two years to support the program. Through the strategy, all nine Alberta health regions will have primary stroke centres. Stroke specialist consultations will be accessible by telehealth links to the main stroke centres of Calgary and Edmonton.
- The Alberta Colorectal Cancer Screening Program was launched to give Albertans more protection against Alberta's second deadliest cancer. The new program, a province-wide initiative, focused on research, public education and more direct treatment for persons at risk of this type of cancer. As part of the new program, Albertans between the ages of 50 to 74 were encouraged to get tested and get appropriate diagnostic procedures where test results were positive. Funding for the colorectal screening program was provided by Alberta Health and Wellness and the Alberta Cancer Prevention Legacy Fund.
- Alberta's Newborn Metabolic Screening Program was expanded to screen for 17 disorders including cystic fibrosis. Alberta is the first province in Canada to screen all newborns for cystic fibrosis. Early detection and treatment of metabolic conditions improves the lifelong health of a child.

Work with other ministries on the Alberta Water Strategy to ensure safe and secure drinking water for Albertans.

- Alberta Health and Wellness and other government departments continue to actively work with Alberta Environment and the Alberta Water Council on Water for Life: Alberta's Strategy for Sustainability. The three key strategic directions in the strategy are: a) safe secure drinking water; b) healthy aquatic ecosystems; and c) reliable, quality water supplies for a sustainable future. Alberta Health and Wellness is primarily focused on safe drinking water and will support the regional health authorities in a review of non-approved drinking water systems and research on monitoring of emerging contaminants in drinking water.
- The Environmental Public Health Manual on Safe Drinking Water has been reviewed and revised. The manual is a resource to environmental health staff regarding inspection and investigation of any water

systems or supply. New information is being added regarding coal-bed methane and disinfection by-products.

Develop a provincial immunization strategy that would lead to improved immunization rates among Albertans.

- On February 23, 2007, the Alberta government introduced a 10-year Alberta Immunization Strategy to minimize the risk of vaccine-preventable diseases by increasing immunization rates. As part of the strategy, an Innovation in Immunization Fund was announced that distributed $8 million to the province's nine health regions in an effort to increase immunization rates. Seven strategic directions were implemented to increase immunization rates. They are: enhance accessibility; improve enabling technology; strengthen parental education and counselling; strengthen partnerships; strengthen provider training and education; strengthen public education and awareness; and strengthen research and evaluation.

Conduct health surveillance; assess and report on health trends in selected health priority areas (e.g., a reproductive health report, a West Nile Virus report, an updated children's health status report, and an injury report).

- A number of activities were undertaken to ensure evidence was available to support public health decision making. The third *Report on the Health of Albertans* was released. The reported highlighted historical trends in disease incidence and prevalence and determinants of health. Updated population projections were prepared and released to key stakeholders to support planning and policy. Weekly reporting of respiratory illness continued as part of Alberta's influenza surveillance program. Weekly West Nile virus reports were generated and provided to stakeholders to monitor the impact of this emerging pathogen. In collaboration with the Alberta Centre for Injury Control and Research, the ministry prepared and released a report titled *Alberta Injury Data: Comparison of Injuries in Alberta's Health Regions*. This also included the provision of data and summary fact sheets to support knowledge translation and uptake of findings.

Work with other ministries to reduce the transmission of infection in the provision of health care and other community services (e.g., day cares).

- A provincial hand hygiene workshop was held for 80 stakeholders to increase awareness about successful hand hygiene activities and to obtain feedback on a draft hand hygiene strategy.
- Funding was provided to Capital Health to provincially fund the second year of the Do Bugs Need Drugs? program, a community education program that promotes the messages that: hand washing is the best way to stop the spread of infections; both viruses and bacteria cause infections; antibiotics only work against bacteria; and that antibiotics should be used wisely. A new initiative this year was the release of a television ad to increase awareness about the importance of hand washing in a variety of settings.
- To ensure that infection prevention and control practices are sound, and to protect

the health and safety of Albertans, the minister requested that all regional health authorities, the Alberta Cancer Board and all health professions review and update their infection prevention and control policies, standards and programs. This review included facilities that provide contracted services and all settings outside of health care facilities where services are provided by the region or on the region's behalf.

Utilize funding from the Alberta Cancer Prevention Legacy Fund to put Alberta at the forefront of cancer prevention, screening and research.

- In May 2006, the *Cancer Prevention Legacy Act* was proclaimed to help build a cancer-free future for Albertans, and demonstrated Alberta's commitment to becoming a leader in the fight against cancer. The Act established a $500 million Alberta Cancer Prevention Legacy Fund to support initiatives in cancer prevention, screening, education and to support a virtual research institute to coordinate all cancer research throughout the province. As well as expanding existing cancer screening programs, the Legacy Fund will assist with identifying new strategies in prevention and screening including implementation of a province-wide colorectal cancer screening program. These screening programs help detect the signs of cancer in its earliest stages.
- The new Colorectal Cancer Screening Program provides education and screening aimed at those most at risk: males and females 50 to 74 years of age. Albertans in this age group are encouraged to get tested and get appropriate diagnostic procedures where test results are positive.

Key Performance Measures and Results

Measure 2.a

Mortality Rates

Alberta has one of the highest land transport incident mortality rates among provinces. This rate has increased over the past few years and is now above target.

Suicide is also a serious problem in Alberta and suicide prevention is an important part of our efforts to improve mental health services. An *Alberta Suicide Prevention Strategy* has been developed and implemented to provide a comprehensive approach to prevent and reduce suicide, suicidal behaviour and the effects of suicide in Alberta. Since 2001, the rates of suicide in Alberta have been decreasing.

Through the use of standardized mortality rates for land transport incidents and suicide, the ministry and several other government departments are able to design better safety and injury prevention strategies. It is clear that all sectors of society need to collaborate and focus their efforts on preventing injury, accidental death and suicide.

Mortality rates (per 100,000 population)

	2001	2002	2003	2004	2005	Target 2006/2007
Land Transport Incidents*	12.8	11.9	11.5	12.2	13.8	12.0
Suicide	15.5	14.0	13.8	13.8	12.6	13.9

Source: Vital Statistics and Alberta Health Registration File

Includes Albertan's whose death was coded as follows: Land Transport Incidents = V01-V89 and Suicide =X60-X84, Y87.0 as the cause of death within Alberta Vital Statistics Death File. Results are based on ICD-10 diagnostic coding. Results are age standardized (per 100,000 population) to the 1996 Canadian Census population and exclude non-Alberta residents.

Previous years values may have been restated because data is obtained from a dynamic data system.

* The word 'Accident' has been replaced with 'Incident' in the name of the measure. Injury control professionals have been working for a number of years to discourage the use of the word accident when describing injury events such as motor vehicle collisions. It is felt that the use of the word accident implies that there was nothing that could have been done to prevent the event from occurring. This endeavor is not unique to Alberta and has been championed by organizations worldwide.

MEASURE 2.B

Childhood Immunization Coverage Rates

A high rate of immunization for a population can help ensure that the incidence of childhood diseases remains low and outbreaks are controlled. Immunization rates for Alberta remain steady, but below target. Additional efforts are required in remote areas of the province and with specific groups of residents to ensure children receive appropriate immunization for adequate health protection. A 10-year Alberta Immunization Strategy is being developed in an attempt to address these issues.

Childhood immunization coverage rates (per cent by 2 years of age):

	2001	2002	2003	2004	2005	Target 2006/2007
Diphtheria, tetanus, pertussis, polio, Hib	78	78	78	82	82	88*
Measles, mumps, rubella	87	90	90	91	92	93*

Source: Alberta Health and Wellness, CAIT Report 24B1 and 24B2, data on childhood immunization are provided by regional health authorities and the First Nations Inuit Health Branch of Health Canada

The number of children immunized is provided by the health regions immunization registries based on provincial policies. Population age two years is estimated from mid-year registry population file. Health Canada provides results for immunizations provided to children on First Nations reserves; these are included.

*These are interim targets with health regions moving towards 97 and 98 per cent respectively as outlined in the Alberta Immunization Manual, 2001 in accordance with national standards.

MEASURE 2.C

Influenza Vaccination

The annual influenza season can have serious consequences on the health of older people, particularly those with chronic health conditions. Annual vaccination is recommended to reduce the severity of influenza on Albertans and on health system resources. The percentage of seniors aged 65 and over who received the flu vaccine remains below the target of 70 per cent, while the percentage of children age six to less than 24 months who received the flu vaccine is above the target of 45 per cent.

Per cent of seniors who have received the recommended annual influenza (flu) vaccine

	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Per cent of seniors aged 65 and over who have received the recommended annual influenza (flu) vaccine	66	68	69	68	62	70

Source: Alberta Health and Wellness, data is collected from regional health authorities and includes data from an Immunization campaign that runs October – April.

Per cent of children who have received the recommended annual influenza (flu) vaccine

	2004/2005	2005/2006	2006/2007	Target 2006/2007
Per cent of children aged 6 to 23* months who have received the recommended annual influenza (flu) vaccine	40	59	52	45

Source: Alberta Health and Wellness, data is collected from regional health authorities and includes data from an Immunization campaign that runs October – April.

* The 2006-2009 Business Plan states children aged 6 to 24 months, but children 6 to 23 months more accurately reflects the immunization program and data collected.

MEASURE 2.D

Screening Rate for Breast Cancer

Regular mammography screening (every two years) for women age 50 to 69 has been shown to be effective in reducing breast cancer mortality rates. The provincial target is 60 per cent of women in this age group screened regularly. The results for 2004/2005 are slightly less than the target. A new breast cancer screening program will actively support women who are typically underscreened to participate in screening. The Alberta Breast Cancer Screening program will include education, community and outreach programs for "hard to reach" groups of women – such as ethnic communities for which breast health is an especially sensitive matter.

Screening rate for breast cancer

	2000/2001	2002/2003	2004/2005	Target 2006/2007
Per cent of women age 50-69 receiving screening mammography every two years (excludes mammograms done for diagnostic purposes)	54	52	53	60

Source: Statistics Canada - Canadian Community Health Survey (CCHS) (2000/2001, 2002/2003, 2004/2005).
Approximate sample size for Alberta is 12,000 households, which provides a 95 per cent confidence interval of about 1 per cent above or below the reported results. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserve and of Crown lands, and residents of a few remote areas. Survey is conducted every 2 years.
Includes women aged 50 to 69 who reported when they had their last mammogram for routine screening or other reasons. The values stated only include the per cent of women who reported they have "Received a screening mammogram". The values have been adjusted for non-response.

Goal

3 Improved access to health services.

Albertans expect to have timely access to the health services they need. Alberta Health and Wellness sets standards for access to health services in collaboration with health authorities and service providers. Access standards include wait time and geographic access guidelines for specific services. Alberta's approach to improving accessibility also includes greater opportunities for choice in the mode of health service delivery. Access standards and corresponding targets must reflect the complex interrelationships among different services and providers.

What We Did

Provide for continuing care services that allow Albertans to "age-in-place" in their homes and communities. Work with regions to coordinate access to continuing care services for facility living, supportive living and home living; consolidate and modernize continuing care policy; collaborate with Ministry of Seniors and Community Supports to address barriers/access to continuum of care and encourage innovation; expand community-based and home care services to enable individuals to remain in their communities as long as possible; and develop a new approach to paying for long-term care.

- The department, in partnership with regional health authorities and other stakeholders, worked to improve interregional collaboration and access to continuing care services across the province. Policies were developed and implemented that allowed regional health authorities to improve coordinated access and interregional transfers for continuing care patients.
- Access to end-of-life services was improved through a collaborative project which involved all health regions. Training and consultation were provided by regions with more expertise to other regions where there is difficulty in recruiting and acquiring health professionals with palliative service expertise.
- In collaboration with Alberta Seniors and Community Supports, the ministry developed the Supportive Living Framework, which helped to further enhance policy and service development in supportive living. For example, the Framework allowed the ministry to work more closely with regional health authorities to enhance community services, such as supportive living settings, to enable clients to remain in the community rather than entering a long-term care facility prematurely.

Find innovative and culturally appropriate ways to improve access to health services for all Albertans, especially populations who have not taken advantage of health services in the past.

- Alberta Health and Wellness provided a grant to the University of Alberta, Department of Dentistry to support the Dental Outreach Program. This program allowed dental students to refine their skills while providing greatly needed dental services to under-serviced and remote communities throughout Alberta.

- Through the Mobile Diabetes Screening Initiative outreach diabetes screening was provided to 17 aboriginal and remote communities throughout Alberta.
- Province-wide services funding was provided to allow for expanded coverage of ocular photodynamic therapy. This expanded coverage is helping to prevent blindness in older Albertans.
- An assessment of the Alberta Waitlist Registry system was completed in March 2007. The assessment found that the current registry is operationally sound and a functionally viable platform on which to display waitlist information. The system also has additional capacity on which to build enhanced functionality into the system.
- An Alberta Telehealth Business Plan for 2006 – 2009 was completed. The plan sets out specific actions and strategies for the health system to capitalize on the opportunities provided by telehealth to make gains in achieving the access, health workforce and quality priorities set for Alberta's health system.
- The use of Health Link Alberta was increased in 2006/2007. Health Link Alberta is a province-wide health information and nurse triage telephone line, designed to support and enable Albertans to access credible health advice and information and make appropriate choices about health, wellness, and care decisions in a timely manner. Health information lines form part of a viable solution in better reaching rural populations across Alberta, because health lines are available to anyone, any time, anywhere. Callers can speak with a registered nurse 24 hours a day, seven days a week, who can answer questions and refer individuals to local programs and services.
- In 2006/2007, the Health Authority Wait Times Steering Committee was provided with $27 million to invest in initiatives designed to improve province-wide access to health services, decrease wait times and improve the management and quality of patient care.

Work with the Alberta Mental Health Board, regional health authorities and other partners to support their community-based implementation of the Provincial Mental Health Plan.

- The Alberta Mental Health Board and Alberta Health and Wellness continued to monitor the ongoing implementation of the Mental Health Innovation Fund, an investment of $75 million over three years that began in 2005/2006. Through this fund, 36 projects are being implemented. The projects address the three strategic directions of the Provincial Mental Health Plan (capacity building, risk reduction, and support and treatment) and cover the range of services from mental health promotion through early intervention to treatment. Other implementation priorities of the Provincial Mental Health Plan that are being addressed include the development of a new funding methodology for mental health, a mental health research plan, a province-wide suicide prevention strategy, and an aboriginal mental health framework.

Continue to launch pilot projects to remove inefficiencies and speed up access to prostate cancer care, children's mental health and cataract surgery.

- Alberta Health and Wellness has signed a memorandum of understanding (MOU) with the Federal Minister of Health to create a wait time guarantee for radiation therapy. The MOU states that the ministry will receive funding through the federal Patient Wait Time Guarantee Trust to develop the capacity to meet a wait time guarantee of eight weeks for radiation therapy by March 2010. The ministry will be working with regional health authorities and the Alberta Cancer Board on this access initiative.
- Access to mental health services for children was established as a top priority for the ministry. Wait time goals for children's mental health services were developed and distributed to all the health regions in October 2006. The Alberta Mental Health Board and the regional health authorities have begun planning towards the achievement of these wait time goals. Alberta is the only province to include children's mental health services as an access priority.
- Alberta has adopted the national wait time benchmark of 16 weeks for high risk patients in need of cataract surgery. Currently, a review of data quality is being completed to provide an appropriate assessment of current wait times for cataract surgery.

Begin implementation of Rural Development Strategy initiatives focused on health care in rural communities.

- As part of the overall Health Workforce Action Plan, a Rural Workforce Action Plan was developed to address current and future rural health workforce shortages through a variety of province-wide recruitment and retention strategies.
- Telehealth Change Management Capacity grants were established for the seven rural health regions. These grants are enabling the regions to better address rural health needs by increasing telehealth usage in rural communities. The increased use of telehealth is making training, education, and professional development more available to rural practitioners.

Improve Albertans' access to primary health care by changing how these services are organized, funded, and delivered (e.g., Primary Care Networks, Academic and Non-Academic Alternate Relationship Plans, Telehealth, new models for delivery of primary health care services).

- During 2006/2007, five new Primary Care Networks were added bringing the total across Alberta to 19. These networks involve over 900 physicians and provide services to more than one million Albertans. Primary Care Networks use a team approach to coordinate care for their patients. Family physicians working in these networks are better able to integrate and link their service with such regional services as home care. In so doing, family physicians work closely with other health providers such as nurses, dietitians, pharmacists, physiotherapists and mental health workers.

In partnership with health authorities and other ministries, develop and implement long-term capital plans to ensure Albertans have access to appropriate facilities and services.

- The ministry's 2006-2009 capital plan provided funding to renovate and expand existing health care facilities and to construct new facilities. Major expansions of existing hospitals are occurring in Calgary, Edmonton, Lethbridge, Rimbey, Edson, Barrhead and Viking. New hospitals are being constructed in Calgary, Sherwood Park, Fort Saskatchewan and High Prairie. As well, older long-term care facilities are being replaced in Red Deer, High Prairie, Vermilion and Vegreville. (The Ministry of Infrastructure and Transportation maintains records on the physical condition of health facilities in Alberta and reports on them in its annual report).
- Work continues on the construction of the new Mazankowski Alberta Heart Institute in Edmonton. The new facility, which is nearing completion, will enhance cardiac treatment options available to Albertans and advance priority research and innovation initiatives for both Capital Health and the University of Alberta.
- Due to rapidly escalating construction costs, the budgets for many capital projects over the past year have increased beyond what was originally established. To help offset these additional costs, the government allocated an additional $221 million in additional funds to address cost escalation pressures on health projects for 2007 – 2010.

Key Performance Measures and Results

Measure 3.A

Waiting Times

Wait times for health services are one measure of how well the health system is doing. Patients whose needs are very urgent will receive immediate service, while patients with less urgent needs are placed on waiting lists. The Alberta Waitlist Registry, which can be found at www.health.alberta.ca, displays current wait time information for a variety of services, excluding emergent patients. Patients have the opportunity to view wait times by facility and physician prior to scheduling an appointment. This allows them to be more informed on how long they can expect to wait for their procedure.

The ministry is working with health service providers and the regional health authorities to develop and implement wait time goals and targets for selected health services. The work includes wait time standards, guidelines for determining urgency and the development of management processes to ensure Albertans have timely access to these services.

Hip and Knee Replacement Surgery

An aging population combined with people who lead a more active lifestyle has increased the demand for hip and knee joint replacement surgery. New and efficient approaches to care delivery for hip and knee replacement surgery will be needed to help meet the growing demand.

The Alberta Hip and Knee Joint Replacement Pilot Project was launched in April 2005 and followed 1,200 randomly selected patients in the Capital, Calgary and David Thompson Health Regions, through a newly designed patient flow process intended to improve the way orthopedic care is delivered.

The collaborative approach of the new care pathway greatly improved the management of care delivery and had substantial benefits for both patients and providers. The results are very promising for the development of other new care pathways to help improve access and reduce wait times.

The number of persons waiting for hip replacement surgery and the 90th percentile wait time has decreased from March 2006 to March 2007.

Hip Replacement Surgery

	March 2005*	March 2006*	March 2007	Target 2006/2007
Total number waiting	1,775	1,917	1,470	-
90th percentile wait time in weeks	59.1	47.1	40.1	40

Source: Alberta Health and Wellness, Alberta Waitlist Registry.
Total number waiting is the number of people waiting on the last day of the month stated.
90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated.
*Data is restated from 2005/2006 annual report as the Alberta Waitlist Registry is a dynamic data system. The 2005/2006 annual report data was as of June 22, 2006, and the 2006/2007 annual report data is as of June 25, 2007.

The number of persons waiting for knee replacement surgery and the 90th percentile wait time has decreased from March 2006 to March 2007.

Knee Replacement Surgery

	March 2005*	March 2006*	March 2007	Target 2006/2007
Total number waiting	3,413	3,747	2,695	-
90th percentile wait time in weeks	64.3	57.3	49.7	50

Source: Alberta Health and Wellness, Alberta Waitlist Registry.
Total number waiting is the number of people waiting on the last day of the month stated.
90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated.
*Data is restated from 2005/2006 annual report as the Alberta Waitlist Registry is a dynamic data system. The 2005/2006 annual report data was as of June 22, 2006, and the 2006/2007 annual report data is as of June 25, 2007.

Heart Surgery

The most common open-heart surgery in adults is the coronary artery bypass graft (CABG) procedure. This is done to improve blood flow to the heart muscle and is usually performed on middle-aged or older adults when their arteries have become blocked. It is a specialized service provided by the Capital and Calgary Health Regions for all Albertans. Patients needing emergency heart surgery receive it within hours. Changes in treatment methodology have resulted in fewer people requiring CABG; many more patients are now undergoing angioplasty, which is a less invasive procedure.

The ministry is working with physicians, administrators and other experts in the health regions to redesign services to improve efficiency. Projects are planned or are under way to test new ways to deliver service and to ensure safety and efficiency. The new Mazankowski Alberta Heart Institute is scheduled to open in Edmonton in 2007. This facility will provide more resources for cardiac care, including cardiac surgery, research and education.

Heart Surgery (Coronary Artery Bypass Graft)

	March 2005*	March 2006*	March 2007	Target 2006/2007
Total number waiting	127	159	200	–
90th percentile wait time in weeks	10.4	15.0	16.0	8

Source: Alberta Health and Wellness, Alberta Waitlist Registry.
Total number waiting is the number of people waiting on the last day of the month stated.
90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated.
*Data is restated from 2005/2006 annual report as the Alberta Waitlist Registry is a dynamic data system. The 2005/2006 annual report data was as of June 22, 2006, and the 2006/2007 annual report data is as of June 25, 2007.

Magnetic Resonance Imaging (MRI)

Indications for Magnetic Resonance Imaging (MRI), and MRI use in conjunction with other technologies, continues to emerge. Alberta has the highest rate of MRI scans in Canada. In addition to working to improve access to MRI scans for Albertans, regional health authorities have been addressing the backlog portion of MRI wait lists where patients have been waiting longer than the provincial target of 16 weeks for a non-emergent MRI scan.

Patients needing emergency MRI scans receive them within hours. Demand for MRI services has greatly increased. This has resulted in more scans being completed along with an increase in the 90th percentile wait time for non-emergent scans comparing March 2007 to March 2006. This trend demonstrates the increased need for Alberta Health and Wellness, the regional health authorities, and physicians to collaborate more closely to improve access to MRI services.

Magnetic Resonance Imaging (MRI)

	March 2005*	March 2006*	March 2007	Target 2006/2007
Total number waiting	17,803	23,176	23,642	–
90th percentile wait time in weeks	20.7	17.4	23.4	16

Source: Alberta Health and Wellness, Alberta Waitlist Registry.
Total number waiting is the number of people waiting on the last day of the month stated.
90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated.
*Data is restated from 2005/2006 annual report as the Alberta Waitlist Registry is a dynamic data system. The 2005/2006 annual report data was as of June 22, 2006, and the 2006/2007 annual report data is as of June 25, 2007.

MEASURE 3.B

Number Waiting for Long-Term Care Facility Placement

Alberta's aging population and enhanced life expectancy has increased the demand for long-term care placements. An increase in the number of available long-term care facility beds, and the promotion of continuing care options that allow Albertans to 'age-in-place', such as supportive living arrangements and home care services, will help to build the capacity needed and decrease the number of elderly waiting for long-term care placement.

Long-Term Care Placement

	2003	2004	2005	2006	2007	Target 2006/2007
Number waiting in an acute care hospital	340	267	268	251	311	255
Number of urgent cases waiting in the community	457	339	272	265	355	245

Source: Alberta Health and Wellness. Data provided by regional health authorities. Number waiting is on March 31 of the given year.

Measure 3.c

Health Link Alberta

Health Link Alberta is a 24 hour a day, 7 day a week nurse telephone advice and health information service. Albertans can call from anywhere in the province by dialing: Calgary (403) 943 5465, Edmonton (780) 408 5465, or Toll-Free 1 866 408 5465. Highly trained registered nurses will provide Albertans with advice and information about their health symptoms and concerns or those a family member may be experiencing. Health Link Alberta can also help residents find appropriate services and health information.

By using Health Link Alberta, Albertan's can reduce wait times at physician offices and emergency departments as they can obtain medical information from their own home. Comparing 2007 to 2006, there was a slight increase in the per cent of Albertans who were aware of Health Link Alberta, but there was a slight decrease in the per cent of Albertan's that have used Health Link Alberta.

Per cent of Albertans who have used Health Link Alberta

	2006	2007	Target 2006/2007
Per cent of Albertans who are aware of Health Link (per cent)	66	67	–
Per cent of Albertans who have used Health Link Alberta (per cent)	39	37	27

Source: 2007 HQCA Provincial Survey, conducted by the Population Research Laboratory, University of Alberta.
Adult Albertans are asked: "Alberta has a province-wide service called "Health Link" which provides Albertans with toll-free access to nurse advice and, general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service before today?" Sample size is about 1196. If the respondent answered "Yes", they were then asked "Have you called Health Link within the past year? Yes or no?" Includes respondents who answered "Yes." Sample size is about 799 and estimates are accurate within about three per cent 19 times out of 20.
2006 HQCA Satisfaction with Health Care Services: A Survey of Albertans

Goal

4 Contemporary health workforce.

The future of Alberta's health system depends on a sufficient supply of well-trained health service providers to meet our growing and changing needs. We need to understand the factors that contribute to success in recruitment and retention and the factors that contribute to stress, burnout and early departure from the workforce. It is important to ensure that we are making the most productive use of the time and skills of health professionals and that there are enough health workers to serve the needs of rural and remote areas of the province and for providing culturally appropriate care to aboriginal communities and ethnically diverse populations.

What We Did

Collaborate with health system stakeholders to support the development and coordination of health workforce plans (e.g., Provincial Comprehensive Health Workforce Plan, regional health authority workforce plans, physician resource plans, nursing workforce strategy and development of Health Workforce Information Network).

- The *Alberta Workforce Planner's Guide* was developed and released to regional health authorities in July of 2006. The guide outlines the proper guidelines to follow when collecting and reporting health workforce statistics and information. These statistics are then used to determine health workforce needs.
- A draft Health Workforce Action Plan was developed to address critical labour shortfalls in the health system and has been submitted to government for final approval. The plan responds to the premier's mandate to the ministry to develop and implement a comprehensive workforce strategy to secure and retain the needed health workforce. This plan will have two parts. The first is about changing the workforce to support changes in service delivery, while the second is about expanding the capacity of the workforce to ensure a future supply of health workers.
- The department completed the *Physician Resource Planning Committee Report* in fall 2006. The report provided recommendations on issues related to physician resource planning. These recommendations were then incorporated into the draft Health Workforce Action Plan.

Work with key stakeholders on initiatives to provide education and training programs to develop the needed health workforce (e.g., continue implementation and ongoing evaluation of the Health Care Aide Curriculum; provide placements for community medicine residents and field surveillance officers from the Public Health Agency of Canada).

- The Aboriginal Health Careers Bursary program provided assistance to 62 aboriginal student recipients. These bursaries are helping aboriginal students to continue pursuing careers in health related occupations.

- The ministry allocated $8 million to help support physicians who are teaching medical residents. This additional funding has allowed for more medical residents to receive the training they need to meet clinical practicum and educational requirements.
- The ministry worked in collaboration with Alberta Advanced Education and Technology to help meet future health workforce needs in Alberta. Government committed funding to create 467 new spaces for nursing students starting September of 2007 to fill a growing demand for nurses in the province. In Edmonton, 207 nursing spaces will be added at Grant MacEwan College. In Calgary, a new four-year nursing degree program at Mount Royal College will have room for 260 students. The new spaces mean there could be 3,200 students enrolled in nursing degree programs across Alberta by the fall of 2007.

Provide leadership to key stakeholders on initiatives to recruit, retain and appropriately compensate the needed health workforce (e.g., Rural Physician Action Plan, Academic and Clinical Alternate Relationship Plans, physician on-call programs, Provincial Nominee Program).

- Alberta Health and Wellness, in partnership with Employment, Immigration and Industry developed an international marketing strategy targeted at recruiting health professionals. As part of the strategy, representatives from two regulatory bodies traveled to the United Kingdom to meet with representatives from education regulatory bodies to improve the recognition of foreign credentials and allow more health care workers trained in the United Kingdom to work in Alberta.
- The Rural Physician Action Plan continues to be implemented. Through the plan, medical students were able to gain experience in rural medicine through such programs as student outreach programming, the shadowing program, the summer student externship program, and skill days and tours. The Rural Physician Action Plan also provided support for physicians practicing in rural Alberta through the enrichment program, and rural physician spousal and family programming initiatives.
- The Provincial Nominee Program, which grants international medical graduates permanent citizenship status enabling them to stay in the country and continue to provide health services, filled 37 allocations in 2006/2007. Since the Provincial Nominee Program allows for fast tracking of citizenship, it has been effective in attracting health care workers to Alberta.
- Seventy-nine physicians were added to Academic Alternate Relationship Plans in 2006/2007. Of these, 49 physicians were new recruits to existing plans, while the remaining 30 resulted from the development of an Academic Alternate Relationship Plan at the University of Alberta, Department of Family Medicine. Academic Alternate Relationship Plans are an alternate funding model to the traditional fee-for-service method of payment that will improve the clinical and academic qualities of Alberta's health system.

Work with regional health authorities, professional organizations and through the Tri-lateral Master Agreement structure to improve health care through innovations in service delivery and compensation with an emphasis on the development of multidisciplinary teams and incentives that enable health care practitioners to work collaboratively (e.g., Telehealth, Clinical Alternate Relationship Plans, Primary Care Networks, Health Professions Act).

- The Northern Lights Health Region, the Alberta Medical Association and the Alberta government developed a specialized workforce plan in Fort McMurray to help relieve some of the pressures on the local health system. The plan provided doctors coming to Fort McMurray with a daily stipend, in addition to their travel and accommodation expenses, to help offset the expense of time away from their own practice. Local family physicians providing on-call services at the hospital received an increase to their daily stipend in recognition of the challenges inherent to caring for their patients on an ongoing basis while providing quality medical care to those admitted to hospital. To support the development of long-term solutions, the Northern Lights Health Region Board and the minister agreed to establish a transition team to assist in determining long-term options for the reorganization of service delivery in the region, including primary care.
- A two-year agreement for physician compensation and program supports was reached between Alberta Health and Wellness, the Alberta Medical Association, and regional health authorities. The new agreement provided fee increases of 4.5 per cent per year from April 1, 2006 to March 31, 2008, with separate funding to be dedicated to Alternate Relationship Plans. The agreement also contained $103.5 million over two years dedicated to three innovative features which focus on retention and recruitment initiatives to help meet the increasing demand for more physicians in Alberta:
  - A new retention benefit will recognize physicians for the number of years that they have practiced in Alberta. This will reflect physicians' terms of service in the province.
  - The unique circumstances of communities under pressure and in under-serviced areas will be addressed through the new clinical stabilization initiative. A provincial framework for under-serviced areas is to be finalized by June 2007.
  - Special funding has been designated to address extraordinary increases in practice costs. Details on how it will be distributed are yet to be finalized.
- Several clinical innovations were implemented through Academic Alternate Relationship Plans involving rural, urban and telehealth strategies. Seventeen of these innovations are now fully operational and funded by the Calgary Health Region. These innovation initiatives have helped to improve patient and primary care access to specialized medical services, improve system quality, safety and effectiveness, and improve service integration. The initiatives were supported through a cost sharing arrangement between Alberta Health and Wellness and the Calgary Health Region.

- Sixty-two physicians were added to Clinical Alternate Relationship Plans in 2006/2007. As well, five new Clinical Alternate Relationship Plan groups were formed. Clinical Alternate Relationship Plans are a unique form of physician compensation that offer an alternative to the way government has traditionally funded health service delivery. Currently there are 31 Clinical Alternate Relationship Plans in operation in Alberta.
- Primary Care Networks throughout Alberta implemented a variety of new service delivery models intended to reduce wait times and provide more comprehensive care for their patients.

Promote effective and efficient utilization of the health workforce by encouraging the development of competency profiles across professions and interdisciplinary understanding of scopes or practice for care providers (e.g., Alberta International Medical Graduate program, increased use of nurse practitioners, Provincial Nominee Program).

- The Alberta International Medical Graduate program was expanded to offer positions to 48 international medical graduates for the August 2006 program. This is an increase of 20 from the previous year. A total of 20 candidates for family physician placement and 28 candidates for placement in various residency training programs will be accepted into the program in July 2007.

Develop and implement regulations for health care providers under the *Health Professions Act* to enable health care practitioners to work to their full scopes of practice.

- Since April 2006, four additional regulations for health care providers have been completed under the *Health Professions Act*. They are chiropractors, dental hygienists, pharmacists and occupational therapists. In total there are 20 health professions now regulated under the *Health Professions Act*. The common requirements, under the *Health Professions Act*, regarding governance, registration and discipline, provide consistent rules for all regulated health professions to offer safe and competent health services to the public.

Increase rural access to health care practitioners and multidisciplinary teams (e.g., Rural Physician Action Plan, Telehealth, Primary Care Networks, Rural On-Call program, Rural Locum Program).

- Access to specialist care was improved for Albertans living in rural and remote areas through 32 new projects designed to enhance Alberta's telehealth network. Funding for these projects was obtained through the Canada Health Infoway. Through the use of videoconferencing technology and specialized medical equipment, telehealth enables direct medical consultation on such issues as chronic disease management, mental health care, specialist care, cancer care and hospital follow up thanks to technology that links specialists and patients.
- Access to primary care services for rural Albertans was improved through the establishment of four Primary Care Networks that serve rural areas: Rocky

Mountain House Primary Care Network (David Thompson Health Region), Bonnyville Primary Care Network (Aspen Regional Health), Provost-Consort Primary Care Network (involves the David Thompson Health Region and East Central Health), and the Northwest Primary Care Network (Northern Lights Health Region).

- The Rural On Call Program continues to provide remuneration to physicians in 87 rural Alberta communities. The program helps to ensure physicians are available when an urgent need for medical service arises.
- Physician Locum Services provided weekend and short-term family physician and specialist replacements in response to more than 1,300 requests from rural Alberta physicians. Locum physician replacements help to maintain the continuity and convenience of medical service for rural Albertans.
- As part of its comprehensive program to educate, recruit and retain physicians for rural Alberta medical practice, the Alberta Rural Physician Action Plan offered 10 bursaries to medical students from rural areas of Alberta. The program reimburses tuition costs throughout their medical school training. Up to 10 bursaries will continue to be offered annually to rural Alberta students attending medical school in Alberta in return for a five-year commitment to practice in rural Alberta upon graduation.

Key Performance Measures and Results

Measure 4.A

Clinical Alternate Relationship Plans (ARPs) and Academic Alternate Relationship Plans

Clinical and Academic ARPs offer alternatives to traditional fee-for-service payments and help achieve the vision of a sustainable, integrated and flexible health system. The trilateral parties (Alberta Health and Wellness, regional health authorities and the Alberta Medical Association) have developed ARPs to support innovation and enhance the following dimensions: recruitment and retention, team-based care, access, patient satisfaction, and value for money.

Academic ARPs are agreements between Alberta Health and Wellness, regional health authorities, the University, the Faculty of Medicine, and the Alberta Medical Association. Academic ARPs provide alternate funding models that allow physicians to dedicate more time to teaching, research and administration which in turn contributes to expanding workforce capacity and improving system efficiency. Academic ARPs are helping to increase the recruitment and retention of academic physicians. Clinical ARPs provide alternate funding models that can allow physicians to spend more time with patients including educating them about their condition and how to stay healthy. Clinical ARPs also compensate specialist physicians for coaching and working collaboratively with family physicians and other health practitioners and supports a wide range of innovated service delivery models.

More physicians are choosing to participate in ARPs because they find the fee-for-service model restrictive. ARPs give physicians the

opportunity to develop innovative service delivery models and improves their job satisfaction. ARPs support patient centered care and improved quality of care. The number of physicians participating in ARPs has increased considerably over the last five years.

Number of physicians in Alternate Relationship Plans

	2005/2006	2006/2007	Target 2006/2007
Number of physicians in Alternate Relationship Plans	721	862*	840

Source: Alberta Health and Wellness, Alternate Relationships Branch, ARP Status Update Database.
*Contains number of physicians in Clinical Alternate Relationship Plans (339) as at March 31, 2007 and the number of physicians in Academic Alternate Relationship Plans (523) as at March 31, 2007.

MEASURE 4.B

Post-Graduate Medical Education

Increasing the supply of physicians helps improve access to health services and builds the needed workforce capacity to meet the demands of Alberta's growing and changing population. In 1999/2000 the Alberta government substantially expanded the number of undergraduate medical education spaces in the province. Since then, Alberta's medical schools have added a number of post-graduate medical seats. This expansion was required to accommodate the increased number graduating medical students requiring residency positions. As well, additional post-graduate medical seats have been required as a result of expansions to the Alberta International Medical Graduate Program over the past three years. The target for 2006/2007 has been achieved.

Number of post-graduate medical seats

	2004/2005	2005/2006	2006/2007	Target 2006/2007
Number of post-graduate medical seats	886	955	1,035	995

Source: Post-Graduate Medical Education Advisory Group. Number of post-graduate medical education seats funded by Alberta Health and Wellness.

MEASURE 4.C

Health Workforce Practitioners

This information is arrived at by using the totals of selected workforce professions to represent the trend of the health workforce as a whole. Key professions are utilized, namely: physicians, nurses (RNs, LPNs, RPNs), pharmacists, and rehabilitation therapists (OTs, PTs, RTs).

Some workers in Alberta's health system are on work visas and may have to leave when their visas expire. The Provincial Nominee Program grants them permanent citizenship status, which enables them to stay in the country and continue to provide health services. Since the Provincial Nominee Program allows for fast tracking citizenship, it helps to attract health care workers to Alberta.

The number of health workforce practitioners in Alberta has been steadily increasing over the past five years. More health care providers will reduce wait times and improve access to health services.

Number of health workforce practitioners

	2002	2003	2004	2005	2006	Target 2006/2007
Number of health workforce practitioners	44,941	46,501	48,220	49,691	51,595	47,868

Source: Alberta Labour Force Statistics, College of Physicians and Surgeons of Alberta (CPSA) Quarterly; Alberta Association of Registered Nurses (AARN), College of Licensed Practical Nurses of Alberta (CLPNA), and Registered Psychiatric Nurses Association of Alberta (RPNAA) Annual Reporting Statistics; Alberta College of Pharmacists Annual Reporting Statistics; College & Association of Respiratory Therapists of AB; College of Occupational Therapists.

Measure 4.D

Per cent of Albertans Who Have a Family Doctor

More than eight in 10 Albertans currently have a personal family doctor. Since 2003, the proportion of Albertans who reported having a family doctor has remained approximately the same.

Fewer physicians are choosing to enter general practice and many of the current family practitioners are not accepting new patients. For those Albertans seeking a family doctor, these circumstances have led to increasing difficulty finding a physician who will accept them as a patient. The Primary Care Initiative is intended to address some of these issues by providing incentives for primary care physicians and health authorities to work in partnership through the establishment of Primary Care Networks to provide comprehensive primary care to a defined population. A multi-disciplinary approach to care, employing primary care physicians and other health professionals should enable physicians and health authorities participating in this to develop strategies for accepting unattached patients (i.e. patients without a family doctor).

Per cent of Albertans who have a family doctor

	2003	2004	2005	2006	2007	Target 2006/2007
Per cent of Albertans who have a family doctor	81	84	-	81	82	86

Source: 2007 HQCA Provincial Survey, conducted by the Population Research Laboratory at the University of Alberta.
Data are collected through a telephone survey of 1,200 randomly selected Alberta households. The survey is commissioned by the HQCA and is conducted by the Population Research Laboratory at the University of Alberta.
Adult Albertans are asked: "Do you currently have a personal family doctor who you regularly see for most of your health care needs? When I say "personal family doctor", I mean a family or general physician, but not a doctor who is a specialist in a certain area of health care, such as a surgeon or heart doctor for example. Yes or no" Sample size is about 1,195 and these estimates are accurate within about two per cent 19 times out of 20.
2006 HQCA Satisfaction with Health Care Services: A Survey of Albertans.
Data for 2005 is unavailable as no survey was conducted that year.
2003-2004, Public Survey about Health and the Health System in Alberta.

Goal 5 Improved health service outcomes.

Albertans expect the best possible care and outcomes when they use the health system. In partnership with health service providers and communities, the ministry works to improve and assure quality at all levels of service delivery and health promotion. The ministry continually develops and updates standards, monitors compliance with standards to ensure the quality of programs and services, and develops new initiatives in response to technological advances, demographic changes and other factors.

What We Did

Help Albertans with chronic health conditions (e.g., cancer, diabetes) maintain optimum health through appropriately managed and coordinated care, including paid and voluntary support systems and networks.

- The Capital and Calgary Health Regions, in collaboration with Alberta Health and Wellness, successfully piloted a project to test a new electronic data exchange system with several electronic medical record vendors. The pilot project was part of the Western Health Information Collaborative Chronic Disease Management initiative. A final report on the success of the pilot project was issued by the Capital and Calgary Health Regions in October 2006. As a result, the regions were able to secure additional funding from Canada Health Infoway to continue and expand the work started by the pilot project.

Improve quality of continuing care services by: enhancing assessment and case management to help clients to navigate through the health system; improving access to long-term care and home care services; addressing human resource issues by increasing the supply and training of personal care aides; implementing new standards for long-term care centres and continuing care services; and implementing, measuring and enforcing compliance with continuing care standards.

- Alberta Health and Wellness is working closely with the regional health authorities to implement the interRAI, a state-of-art assessment tool that is helping to improve the quality of care patients receive. The interRAI has two components, the RAI/MDS 2.0 for assessing long-term care patients and the RAI/MDS HC for assessing home care patients. These assessment tools contain quality indicators, which will assist in setting targets and benchmarks, measuring and improving quality of care, and enhancing best practice. Funding of over $4 million has been provided to regional health authorities to assist in the implementation of the RAI/MDS 2.0 assessment tool in Alberta's long-term care facilities.
- Numerous restricted grants were provided to the regional health authorities to enhance the quality of care in continuing care facilities, including: increased paid hours of care from 3.4 to 3.6 in long-term care, increased rehabilitation and recreation capacity in long-term care, enhanced case management and medication management,

enhanced clinical expertise, and improved end-of-life care services.

- In May 2006, the Government of Alberta released new standards for continuing care health and accommodation services. The new standards laid the groundwork for a higher quality of life and health care for all Albertans receiving continuing care services in home, community and facility-based settings. To ensure the highest quality of care possible, these standards were again updated and re-issued under a policy directive from the department on April 1, 2007, which required health authorities to comply with the standards. The department also established a compliance unit to monitor the regional health authorities' compliance with the new standards.
- To assist with the implementation of the new continuing care health service and accommodation standards, the ministry in collaboration with regional health authorities, developed an in-depth training program for regional staff, contracted operators and agencies of continuing care facilities. The primary tool for educating staff is the "continuing care desktop" which was developed by the ministry and SEARCH Canada. The desktop is an internet based tool that contains the health service standards, related best practices, and other learning tools. The desktop is available to all continuing care staff and there are currently over 1,900 registered users.
- The ministry provided a training program to enhance the skills of continuing care staff in providing services to clients with Alzheimer's disease and dementia. Overall, more than 9,000 continuing care staff have been trained in this program.

Work with health authorities to avoid and minimize risks or unintended results in providing health services by promoting quality standards for health services, such as patient safety and infection prevention and control (e.g., hand washing).

- In October 2006, the department released *The Community Acquired Methicillin Resistant Staphylococcus Aureus (CA-MRSA) in Alberta* exposure investigation. The main purpose was to investigate an outbreak of Community Associated - MRSA, and provide information for public health intervention. Upon release of the report, the ministry in collaboration with Alberta Education, released a community MRSA information pamphlet to educate Albertans about MRSA and how to stop it from spreading.
- On July 1, 2006, the Health Quality Council of Alberta was granted status as a provincial health board under the *Regional Health Authorities Act*. The council serves as an independent body to measure, monitor and assess patient safety and health service quality throughout the province and provides information to health authorities that will benefit their health services and programs. The council also surveys Albertans on their experiences and satisfaction with patient safety and health service quality, and then reports directly back to Albertans.
- In January 2007, the Health Quality Council of Alberta released their *Health Report to Albertans*. The report discussed medication safety to help Albertans get the most benefit from their medications and encouraged Albertans to become more informed and be active members of their own health care team. The report

also provided information and tools that will help Albertans use medications more effectively and safely.

Strengthen the health system's capacity to define, report, monitor and prevent hospital or community acquired infections, adverse events and medical errors.

- The province's commitment to offer the highest quality, patient focused health care was enhanced by allowing Albertans unsatisfied with a health authority's response to a patient concern or complaint to ask the Alberta ombudsman to review the decision. A new regulation under the *Regional Health Authorities Act* and the *Cancer Programs Act* provides greater direction to health authorities about their patient concerns resolution process. This regulation, along with amendments made to the *Ombudsman Act*, give the ombudsman the authority to review decisions, recommendations, actions or omissions in the patient concerns resolution processes of regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board. The changes came into effect on September 1, 2006.
- The Health Quality Council of Alberta developed and released a provincial framework entitled *Disclosure of Harm to Patients and Families* in August 2006. The framework provides guidelines for sharing information with patients and families when a patient experiences unanticipated harm.

Use information from the Health Quality Council of Alberta, including patient/client feedback, to assist in improving performance of Alberta's health system.

- The Health Quality Council's *Satisfaction with Health Care Services: A Survey of Albertans 2006* was released in October 2006. The survey measures satisfaction with health care services through the eyes of Albertans and identifies areas of success and those that need improvement in the province and within the nine health regions. Overall satisfaction with health care services received in Alberta increased to 57 per cent, a significant improvement from 51 per cent in 2004. As well, 72 per cent of Albertans receiving health care services rate the quality of those services as excellent or good.

Initiate public reporting of outcome indicators for the key life-saving interventions of cardiac revascularization, kidney dialysis and transplants.

- The Province Wide Services funding and governance framework for highly specialized services has been under review by the ministry during the year. Consequently, all previously planned changes were put on hold, pending the outcome of the review.

Review recommendations of the Ambulance Governance Advisory Council, including results of the Discovery Region pilot projects, and develop and execute an appropriate implementation strategy.

- The Ambulance Governance Advisory Council submitted their report to the minister in May 2006. The minister asked for further work to be completed by the technical sub-committee of the council. This additional work was submitted in November 2006. The council provided valuable information that will be vital in coming to a final decision on the future governance model for ambulance services in Alberta.
- A preliminary evaluation of the Discovery Projects was completed in October 2006. The Discovery Projects were pilot programs established on April 1, 2005, where the Peace and Palliser Health Regions took responsibility for ambulance services in their regions. In November 2006, the minister announced that government would make $55 million available in 2007/2008 to municipalities outside the Palliser and Peace Country Health Regions to help with the provision of ambulance services. Peace Country and Palliser Health Regions will continue to be responsible for ambulance service in their respective areas as Discovery Projects. Building on the work of the Ambulance Governance Advisory Council, information from the Discovery Project evaluation and previous reports, the minister has asked Alberta Health and Wellness to develop a provincial framework for emergency medical services, identify the cost of the current system and in conjunction with the framework, recommend a governance structure.

Key Performance Measures and Results

Measure 5.A

Ambulatory Care Sensitive Conditions Hospitalization Rates

Patients are sometimes admitted to hospital for conditions that could have been treated in an ambulatory care setting. The hospitalization rate for "ambulatory care sensitive conditions" has improved over the past few years. The decrease in hospitalization may reflect a change in medical practice, but may also reflect better health service delivery at home and in the community.

Ambulatory care sensitive conditions hospitalization rates

	2003	2004	2005	2006	Target 2006/2007
Ambulatory Care Sensitive Conditions Hospitalization Rates per 100,000, age standardized population.	434	444	430	426	400

Source: Canadian Institute for Health Information, Hospital Morbidity Database.
Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population under age 75 years. This definition of ACSC is based on the work of Billings et al.
Patients who died before discharge are excluded.
While not all admissions for ACSC are avoidable, it is assumed that appropriate prior ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

Measure 5.B

30-day Heart Attack Survival Rate for Patients Treated in Hospital

Alberta's 30-day survival rate following a heart attack is relatively high and has remained fairly constant since 2000 and is meeting the target of 92 per cent. The relatively high survival rates can be attributed to the quality of care provided by professional staff, supported by advanced diagnostic services and quality hospital care.

30-day heart attack survival rate for patients treated in hospital

	2000-2002	2001-2003	2002-2004	2003-2005*	Target 2006/2007
30-day heart attack survival rate for patients treated in hospital – three-year average data (per cent surviving)	90	91	91	92	92

Source: Canadian Institute for Health Information, Hospital Morbidity Database.
30 day Acute Myocardial Infarction (AMI) in-hospital mortality rate: The 30-day survival rate is the inverse of the risk adjusted rate of all causes of in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of AMI.
*AMI case selection criteria were revised (Primary ICD-9 or ICD-9-CM diagnosis code of 410 or ICD-10 I21, I22). Comparison of 2003-2005 rates with those of previous years should be made with caution.

Measure 5.C

5-Year Cancer Survival Rate

Chronic diseases such as cancer are a leading cause of death in Alberta. Survival rates for cancer are important not only because they indicate the proportion of people who will be alive at a given point after they have been diagnosed with cancer, but also because they allow the effectiveness of cancer control programs to be evaluated. The survival rate for breast cancer has slightly increased over the past five years and is above target. The survival rate for colorectal cancer has also experienced a slight increase in the past five years, but is slightly below target.

5-year cancer survival rate (in per cent)

	1996-2001	1997-2002	1998-2003	1999-2004	Target 2006/2007
5-year breast cancer survival rate (female rate only)	84	84	85	89	80
5-year colorectal cancer survival rate (male and female rate)	59	57	55	57	60

Source: Alberta Cancer Board.

5-year cancer survival rate is the per cent of Albertans surviving, with the first year listed as the diagnosis year and five years later as the reference year used to check patient survival.

Goal 6 Health system efficiency, effectiveness and innovation.

Albertans place great value on their health system. They expect the health system to provide high quality care and to ensure access to prompt and effective treatment. Alberta's complex health system is challenged by continuous change, rising costs, steady growth and increased public expectations. In order to meet these challenges we must be open to new and better ways of doing things and serving the needs of people. Decisions about care and service delivery must be based on solid research, scientific evidence and proven experience. Health system innovation can only be achieved in collaboration with stakeholders and the Alberta public, through an effective coordination of efforts and clear, timely communication.

What We Did

System Management

Continue to enhance and clarify the accountability relationships within the health system as public expectations evolve (e.g., Tri-lateral Master Agreement, health authority health plans, long-term care and surgical services contracts).

- An Alberta Netcare benefits evaluation framework has been developed and key performance measures and indicators are being developed. The framework will be able to quantify and measure benefits to the health system that have occurred as a result of the implementation of Alberta's electronic health record systems.
- A Grant Fund Accountability framework was developed to define recipient accountabilities and reporting requirements for monies granted from Alberta Health and Wellness for information systems development and reporting. The accountability framework will identify milestones and deliverables that must be achieved for grant funding to be provided.
- In November 2006, the ministry issued a new document entitled *Health Authority Accountability in Alberta's Health System* which describes the structure and processes supporting the accountability relationship between the minister and Alberta's health authorities. Outlined are the specific mechanisms supporting accountability, including the ministry business plan and the key accountability documents used by health authorities (i.e. health plans, performance agreements, business plans, annual reports and reporting and monitoring mechanisms).
- To enhance financial accountability, the 2006/2007 financial results of the regional health authorities, provincial health boards and the Health Quality Council of Alberta were consolidated on a modified equity basis into the ministry and Government of Alberta financial statements. The ministry will work closely with these reporting entities to ensure readiness for full consolidation which becomes effective in 2008/2009.

Implement a policy framework in collaboration with health authorities and professional organizations and continue to develop a health service plan, a provincial public health strategic plan, and a provincial research strategy.

- On February 28, 2006, the Alberta government launched a consultation process with Albertans by releasing a draft of the *Health Policy Framework*. The purpose of the framework was to invite Albertans to discuss ways of improving the sustainability, flexibility and accessibility of their health system. The minister held extensive public consultations during March 2006, following which a report entitled *What We Heard* was released on April 20, 2006. Albertans indicated their support for health system renewal, but did not agree with allowing physicians to work in both the public and private systems, and did not agree with allowing individuals to pay privately for quicker access to services. Based on this, the *Health Policy Framework* was revised and re-issued in August 2006.

Continue to lead, develop and enhance policies and frameworks that address data security, access, standards and quality requirements.

- Quarterly data submission timelines were introduced for 2006/2007 for inpatient and ambulatory care reporting in the interest of improving the accuracy and timeliness of patient activity data reported to Alberta Health and Wellness.
- The department continued to implement and provide direction to all health system stakeholders regarding international and national security standards, including the recent amendments to the *Health Information Act*. The amendments address technical enhancements to the provincial electronic health record (Alberta Netcare), clarify disclosure rules, improve the department's capacity to monitor drug trends and enhance the privacy of Albertans' health information. The amendments enabled the creation of a regulation which mandates the provision of drug dispensing information into Alberta Netcare. This will enhance patient safety and patient care for Albertans.

Work with key partners and stakeholders to enable Alberta's interests to be forefront in collaborative federal-provincial initiatives.

- Alberta continues to lead the Western Health Information Collaborative, and to secure investment funds from Health Canada Infoway on many of its electronic health record initiatives such as the provincial Diagnostic Imaging initiative, the provincial Health Information Exchange and Viewer, and the Pharmacy Information Network.
- Alberta continues to work with Canada Health Infoway to deliver pan-Canadian e-health systems. Such systems relate to telehealth, public health, primary, secondary and tertiary care initiatives that are consistent with the pan-Canadian vision established by Infoway.

Prepare a discussion document on how private supplementary health insurance may affect continuing care, prescription drugs and other non-emergency health services.

- In April 2006, Alberta Health and Wellness released the *Health Benefit Design Options Report*. The report, which was completed by Aon Consulting Inc. and accepted by government as a reference

document only, examined alternative methods of funding prescription drugs, continuing care, non-emergency health care and supplemental health products and services. The report's key findings indicate that regardless of the type of funding model, the costs of health services related to prescription drugs, continuing care, non-emergency health care and supplemental health products and services are rising at unsustainable rates. The report also found that insurance may only be part of the sustainability solution, as any new funding model must be accompanied by strong cost control measures.

Contribute to initiatives which strengthen collaboration, integration and coordination across ministries to enhance the sustainability of the public health system and ensure optimum strategic investment.

- To support the Cross Ministry Pandemic Influenza Initiative, the ministry collaborated with Municipal Affairs and Housing on the development of the draft *Alberta Pandemic Influenza Plan for the Health System*, as well as a draft Government of Alberta pandemic plan. This included a plan for continuity of government services in the event of a pandemic.

Collect and publish health system cost information.

- In May 2006, the *Provincial Government Health Expenditure Trends in Alberta and Canada, 1974/1975 to 2006/2007* report was completed. The report provided a clear and detailed comparative picture of provincial health expenditures in Alberta over time and in comparison with the Canadian average. The results confirm that the expenditure trends and pressures in Alberta's health system are similar to those of other provinces. The report also revealed that despite attempts at system reform, health costs in Alberta continue to rise. While historical growth rates were reduced during the period of 1991 to 1996, government expenditures quickly escalated thereafter and have continued to rise. Alberta had the highest provincial government health expenditures per capita in 2005/2006.

Create new expert sub-committees to the Province Wide Services Working Group, consisting of clinicians and program managers, to advise on appropriate volumes, patient outcomes and accessibility for key life saving interventions.

- The Province Wide Services funding and governance framework for highly specialized services was reviewed by the ministry during the year. Consequently, all previously planned changes were put on hold, pending the outcome of the review.

Work with regional health authorities and other partners to strengthen the overall public health capacity in the province.

- Comprehensive operational reviews, with follow-up action plans, were completed for Alberta's three northern health regions (Northern Lights, Peace Country and Aspen). The reviews for all other non-metro health regions are proceeding and will be completed in 2007. The results of these evaluations are leading to improvements in health region operations and significant productivity improvements in the utilization of health care resources.

Innovation

Continue to implement health information technology to give clinicians drug, laboratory and diagnostic imaging data so they can provide quality patient care.

- Limited production rollout of the Alberta Netcare Portal 2006 concluded in May 2006 to select sites across the province. Full rollout started in November 2006 and will continue province-wide. The Alberta Netcare Portal 2006 is the next generation of the Alberta electronic health record and provides clinicians with the ability to view clinical data for patients including drug prescriptions, known allergies and intolerances, laboratory test results, diagnostic text reports and diagnostic images.

Change the majority of Alberta's diagnostic imaging services and equipment to filmless technologies to enable earlier diagnosis and reduce unnecessary duplication of diagnostic imaging procedures.

- Alberta Health and Wellness continues to fund regional developments toward a provincially-integrated diagnostic imaging system that will be connected to Alberta Netcare, Alberta's provincial electronic health record. The majority of diagnostic imaging text reports are now available on the system.

Implement the following systems: electronic systems within regions and physicians' offices to provide patient information to physicians at the point-of-care (e.g., computer access to a patient's file from each treatment room); electronic tracking and referral and patient tracking systems to streamline access to selected specialty services; and improve system access and security to minimize fraud and better identify eligible health service recipients.

- Alberta Netcare, Alberta's electronic health record system, continued to be expanded throughout the province. The system is currently deployed in 418 physician offices and 530 pharmacies. Alberta Netcare links community physicians, pharmacists, hospitals, and other authorized health care professionals. The system provides a secure lifetime record of key information about the health of individual patients. This information includes demographic details, prescribed and dispensed drugs, known allergies and intolerances, laboratory test results, and diagnostic images and interpretive reports. It is expected that by 2008, every Albertan will have an electronic health record.
- The Pharmaceutical Information Network was implemented as a key part of Alberta Netcare. It ensures that drugs dispensed by Alberta retail pharmacies and the Alberta Cancer Board are available to be viewed across the province. Physicians can also prescribe directly in the Alberta Netcare Portal product. The network and its associated decision support tools also alert a physician to possible drug or allergy interactions at the point of prescribing thus ensuring patient safety.

Provide leadership on federal/provincial/territorial work to manage the growing cost of pharmaceuticals including the protection of Albertans from catastrophic drug costs.

- Alberta is an active participant in the federal/provincial/territorial work on the National Pharmaceuticals Strategy. The *National Pharmaceuticals Strategy Progress Report* was released on September 16, 2006 and was accepted by First Ministers, Health Ministers and Deputy Ministers of Health in Canada. The report focused primarily on five elements: catastrophic drug coverage, expensive drugs for rare diseases, common national formulary, pricing and purchasing strategies and real world safety and effectiveness. These five elements of the National Pharmaceuticals Strategy will contribute to improving access to safe, effective and appropriate drug use and system sustainability.

Enhance processes to decide whether to publicly fund new health services and technologies.

- To improve the treatment of breast cancer for Albertans, Alberta Health and Wellness approved the addition of Herceptin for the treatment of early stage breast cancer to the Alberta Cancer Board schedule of benefits. Herceptin has been covered by the Alberta Cancer Board since 2000 for the treatment of advanced, metastatic breast cancer. However, clinical trials have showed that Herceptin may benefit women afflicted with early stage breast cancer, improving survival rates and reducing the risk of recurrence.
- Alberta continues to support and build on the successes of the federal/provincial and territorial Common Drug Review process. The Common Drug Review provides credible, impartial and evidence-based recommendations regarding coverage of prescription drugs for public drug benefit programs. The Common Drug Review recommendations are an important input into drug program coverage decisions.
- In a move to build a more consistent approach to coverage recommendations across the country for drugs used in the direct treatment of cancer, Alberta, in collaboration with other provinces and territories introduced a national, interim process for the review of cancer drugs used in the direct treatment of cancer. Effective March 1, 2007, manufacturers of oncology drugs were required to make a single coverage request submission to the Joint Oncology Drug Review. This process will lead to a pan-Canadian review system that will be more consistent, timely, effective and efficient.
- Through the Alberta Health Technologies Decision Process, funding was provided to expand routine newborn screening from three to 17 metabolic conditions, including cystic fibrosis. A number of reviews of other new technologies were completed including a diagnostic test for premature labour which will help prevent unnecessary hospital stays, and a surgical treatment for severe morbid obesity.

Human Resource Management

Enhance the quality of the work environment and support the organization's ability to attract and retain employees.

- The department continued to implement a corporate internship program, which attracts candidates within two years of post-secondary graduation and provides them with meaningful professional development experiences, and identifies areas for program enhancement to further support the retention of the interns.
- A pilot program for new employee orientation was held in September 2006. The success of the pilot led to the full development of a comprehensive New Employee Orientation program that would begin during employee recruitment and continue throughout the first year of employment. Another component of orientation is the Buddy Program which pairs new employees with more seasoned employees.
- Corporate Employee Survey results were communicated to all employees and activities directed at enhancing the work environment were undertaken at the department, branch and division level. Discussion and plans aimed at enhancing employee engagement were generated through a range of department groups including Executive Committee, Divisional Directors Teams, the Supervisors' Network, Human Resources Advisory Group, and divisional groups such as the SPIRIT committee. Activities were also included in operational plans.
- The department Ambassador Team, which works to promote Alberta Health and Wellness and the Government of Alberta as an attractive career choice, was re-introduced. New members were recruited to the program and took part in several career fairs and forums sponsored by Corporate Human Resources.

Build capacity within the organization to support the achievement of current and future business plan goals.

- A learning and development program designed to enhance supervisory skills of supervisors across the department was delivered to over 50 supervisors.
- Information sessions were held to assist employees in understanding the business plan, operation plans, and the human resource plan. Over 200 employees participated.
- Department Management Meetings were held focusing on relevant business issues and providing an opportunity for managers to interact with the deputy minister and other members of the Executive Committee.
- An assessment of Succession Management within the department was completed. As part of the assessment, areas for change were identified including more emphasis on targeted employee development, and integration of succession planning into performance management processes. These changes will be implemented in 2007/2008 to enhance succession planning within the department.

Enhance the ministry's performance through effective performance management and supervisory relationships.

- A performance management process which focuses on people as well as business results and includes learning development planning was implemented and training was provided to employees across the ministry. As part of this process all employees were required to develop a learning and development plan in collaboration with their supervisor to ensure staff have the skill sets required to meet current and future business goals.

Promote workplace health within the organization.

- The Workplace Health Action Team was implemented within the department to promote *Healthy U* @ Work initiatives and make Alberta Health and Wellness a great place to work. Examples of activities include an employee walk on Active Living Day (May 2006), a softball tournament (September 2006), daily activities for staff during Healthy Workplace Week (October 2006) and several Lunch and Learn events focusing on healthy practices throughout the year.
- The Population Health Branch, in cooperation with the Workplace Health Action Team, sponsored a very successful two-day health screening event during Healthy Workplace Week in October 2006. Over 400 employees participated and feedback was excellent.
- The department's Ergonomics Team provided ergonomic assessments to department staff allowing them to effectively set up their workstations and practice effective ergonomics, thereby preventing chronic health problems.
- Two information sessions related to the Certificate of Achievement in Safety Excellence were held for key staff to provide an introduction to the program. The Certificate of Achievement in Safety Excellence is a program sponsored across government by Corporate Human Resources focusing on occupational health and safety.

Key Performance Measures and Results

MEASURE 6.A

Public rating of health system overall

Albertans' perception of the health system is reflected in survey ratings of the health system. Ratings include perception about the quality of care, service accessibility, the manner in which the service was provided, and the patient-provider relationship.

Over the past few years, Albertans' overall rating of the health system has remained relatively constant at slightly less than the target. However, Albertans' overall rating of the health system for 2007 experienced a decrease. Measures are being taken to improve the overall performance of the health system. Expanding service capacity, which includes increasing Alberta's health workforce and health infrastructure, is a key part of our strategy to effectively reduce wait times and enhance access throughout the system.

Public rating of health system overall

	2003	2004	2005	2006	2007	Target 2006/2007
Per cent rating the health care system overall as either "excellent" or "good"	65	65	67	65	55	68

Source: 2007 HQCA Provincial Survey, conducted by the Population Research Laboratory at the University of Alberta.
Data are collected through a telephone survey of 1,200 randomly selected Alberta households. The survey is commissioned by the HQCA and is conducted by the Population Research Laboratory at the University of Alberta.
Adult Albertans are asked: "Thinking now about the health care system in Alberta, overall, how would you rate it? Excellent, good, fair, or poor" Sample size is about 1173 and these estimates are accurate within about three per cent 19 times out of 20.
2006 HQCA Satisfaction with Health Care Services: A Survey of Albertans
2003-2005, Public Survey about Health and the Health System in Alberta

MEASURE 6.B

Electronic Health Record

Alberta Netcare (Alberta's electronic health record) is in the rollout stage of a clinical health information network that links community physicians, pharmacists, hospitals, and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions, and lab tests. The first phase of deploying the new Alberta Netcare Portal will include a migration of current users to the new portal. Over the past year, thousands of health care providers have begun accessing the electronic health record. The 2006/2007 target of 10,000 has been achieved.

Number of care providers accessing Alberta Netcare

	2004/2005	2005/2006	2006/2007	Target 2006/2007
Number of care providers accessing Alberta Netcare	14,632	18,675	22,918	10,000

Source: Alberta Health and Wellness, Information Management Branch — Alberta Netcare.
Previous years values have been restated because data is obtained from a dynamic data system.

MEASURE 6.C

Access to Data

Alberta Health and Wellness holds a large amount of administrative health data relevant to the provision of health services for Albertans. This information is collected from regional health authorities, providers and recipients. As a custodian of this valuable asset, Alberta Health and Wellness is frequently asked to provide access to this administrative health data to support business planning and academic research.

Research and analysis using this data has great potential for improving our understanding of the impact of public policy and other interventions on individuals and populations. Disclosure and use of this information is regulated by the principles of the *Alberta Health Information Act* established to protect individual privacy and confidentiality.

Per cent of stakeholders reporting easy access to information*

	2005/2006	2006/2007	Target 2006/2007
Per cent of stakeholders reporting easy access to information	81	78	85

Source: Alberta Health and Wellness, Research and Evidence Unit, New Data Access Model for Health Research Evaluation.

*Stakeholders include academic researchers, regional health authorities and other health organizations and industries.

The evaluation was conducted in an online survey (Opinion), n= 37 with a response rate of 42 per cent. Overall satisfaction rating was determined by grouping questions directly measurable and relevant to the concept of overall satisfaction of the data access model and from data requestors who fully experienced the data access model.

MEASURE 6.D

Household spending on drugs

The appropriate use of prescription drugs plays an important role in effectively managing chronic conditions. Over the past few years, household spending on prescription drugs has been close to or on target.

Household spending on drugs

	2002	2003	2004	Target 2006/2007
Per cent of households spending over 5 per cent of household income after taxes on prescription drugs	2.5[E]	2.7[E]	2.5[E]	2.5

Source: Statistics Canada – Survey of Household Spending, 2001 – 2004.

Data are collected from a sample of over 2,000 households from the province of Alberta. Results for the province are accurate within 1 per cent, 19 times out of 20. Prescription drug spending only includes prescription drugs purchased by households. Over-the-counter drugs and drugs paid for by governments or insurance companies are not included. Public or private premiums for health care plans are not included.

E – Use with caution, high incidence of variation.

Integrated Results Analysis

This section provides a discussion of how the various results and accomplishments link together for a more complete picture. The following discusses what was achieved with the resources provided.

The ministry expended $10.7 billion in 2006/2007, which was $387 million more than the approved budget. During the year, government approved a total of $424 million in additional funds. These funds were used for medical diagnostic and treatment equipment ($150 million), high priority capital improvements ($3 million), general operating increases for health authorities ($81 million), mediated salary settlements for licensed practical nurses ($31 million) and diagnostic imaging ($12 million). The additional funding also included physician compensation increases negotiated under the Tri-Lateral Master Agreement with the Alberta Medical Association (AMA) and regional health authorities ($147 million).

The following table compares actual expenditures for 2006/2007, with the budget (2006/2007) and the previous year (actual expenditures for 2005/2006). The figures are presented in relation to each core business. The resultant variances and other factors affecting performance are discussed in relation to each core business area.

Financial Results by Core Business (in thousands)
Unaudited

	2006/2007 Budget	2006/2007 Actual	2005/2006 Restated Actual
1. Advocate and educate for healthy living.	212,636	233,908	195,298
2. Provide quality health and wellness services.	9,812,525	10,178,354	8,999,453
3. Lead and participate in continuous improvement in the health system.	293,113	292,982	377,224
	10,318,274	**10,705,244**	**9,571,975**

Core Business 1

This core business includes Goals 1 and 2 of the ministry business plan for 2006-2009 and is comprised of strategies that protect Albertans from communicable diseases and other threats to health, and encourage Albertans to adopt healthy lifestyles.

Total spending on this core business was $234 million, which is $21 million more than the approved budget and is an increase of $39 million over the previous year. The $21 million variance was primarily due to higher than anticipated spending on: community treatment orders for mental health patients ($10 million), the provincial syphilis prevention campaign ($2 million) and the creation of a new Innovation in Immunization Fund ($8 million) as part of the Alberta Immunization Strategy. This fund will increase access to immunization services across Alberta. This will help Alberta move closer to achieving the national childhood immunization target of 97 per cent coverage. The most recent data (2005) show that Alberta's achieved a childhood immunization coverage rate of 82 per cent for diphtheria, tetanus, pertussis, polio and Hib, and 92 per cent for mumps, measles and rubella.

The spending difference of $39 million over the previous year was primarily attributable to the $21 million variance plus additional funding for the Public Health Laboratories, the Water for Life Strategy, and the Alberta Colorectal Cancer Screening Program. In addition, there was also a reallocation of funds from Core Business 2 to provide increased support for wellness initiatives, such as the Wellness Fund for School Communities, and the Healthy Weights program.

Core Business 2

This core business includes Goals 3, 4 and 5 of the ministry business plan for 2006-2009 and focuses on strategies to improve access to health services and improve the outcomes of those services. This core business also addresses the need to expand system workforce capacity.

Several initiatives were implemented throughout the year to improve province-wide access, decrease wait times, and improve the management of patient care. Additional improvements in access are expected as Alberta develops its health workforce capacity. Through improvements in the recruitment and training of health professionals, Alberta was able to achieve an increase in the total number of health workers. Alberta now has 51,544 health workers which exceeds the 2006/2007 target of 47,868.

Total spending on this core business was $10.2 billion, which is $366 million more than the budget and is an increase of $1.2 billion over the previous year. The $366 million variance in spending is primarily attributed to several approved funding increases including additional mid-year funding of $81 million that was provided to health authorities for general operating cost increases. An additional $31 million was provided for the mediated salary settlement for licensed practical nurses.

The variance in spending was also due to one-time funding of $150 million approved for medical diagnostic and treatment equipment. Other reasons include increased costs of prescription drugs for seniors, higher costs of blood and blood products, and an increase of $147 million approved for physician fees resulting from the financial re-opener of

the Tri-Lateral Master Agreement. Spending increases for Core Business 2 was also partially offset by the reallocation of funds to Core Business 1 for wellness initiatives.

The overall increase in spending of $1.2 billion over the 2005/2006 fiscal year was primarily attributed to the following:

- A total average 9.7 per cent general operating increase to health authorities compared to 2005/2006.
- Greater spending on health infrastructure projects including major expansions of existing hospitals in Calgary, Edmonton, Lethbridge, Rimbey, Edson, Barrhead and Viking. In addition, new hospitals are being planned in Calgary, Sherwood Park, Fort Saskatchewan and High Prairie.
- Increased funding under the Tri-Lateral Master Agreement for the Physician Office System Program, expansion of Primary Care Networks, and a new Clinical Stabilization program. The Clinical Stabilization program addresses Alberta's physician shortages in communities that are under-serviced or are facing pressures due to unique regional circumstances.
- Increased costs of prescription drugs for seniors and higher costs of blood and blood products.

Core Business 3

This core business includes Goal 6 of the ministry business plan for 2006 – 2009 and focuses on strategies to improve health system efficiency, effectiveness and innovation.

Spending on this core business was in-line with budget and was $84 million below 2005/2006 levels due to the discontinuation of one-time funding received for the development of electronic health records as well as reduced spending on internal systems upgrades.

A limited rollout of Alberta Netcare was concluded in May 2006. The full rollout was started in November 2006 and is continuing. The number of healthcare providers accessing Netcare in 2006/2007 was 22,918, which is more than double the target of 10,000. It is expected that by 2008, every Albertan will have an electronic health record on Alberta Netcare.

Looking Ahead

Albertans are becoming increasingly aware of their role in achieving wellness and in building healthy, safe, livable communities. The physical, mental and spiritual dimensions of health are very important. Initiatives such as tobacco reduction are helping Albertans becoming more conscious of how their individual choices and actions affect themselves and others around them. We need to shift our focus from individual health to creating healthy communities. Initiatives, strategies and policies across government should be viewed from the perspective of health i.e. through a "health lens." Working with our many partners and stakeholders the Ministry of Health and Wellness will seek to engage everyone in improving the factors that determine human health. It is always easier to prevent health problems from occurring than to treat them once they have become critical.

In the years ahead our approach must not only address the immediate health of both individuals and communities but must lay the foundation for life-long health. Chronic disease and injury are responsible for high utilization of health services and can be avoidable. We need a greater emphasis on developing a health system culture with a focus that is the "upstream," from the treatment of disease to the promotion of wellness.

An overarching provincial health service plan will be developed for the effective coordination, integration and delivery of health service across regions. A strong and transparent governance and accountability structure will be needed for health authorities and other public agencies to better coordinate their efforts, set common targets, measure progress and report to Albertans.

Challenges and Opportunities

Alberta is experiencing a period of unprecedented economic prosperity and population growth. This growth brings with it many career and economic opportunities, but it also creates significant challenges such as the high cost of labour and housing. Given current demographic and economic trends, it is expected that greater demands will be placed on our health system in the years ahead. Albertans expect their health system to perform effectively and provide them with timely, accessible, and high quality services. However, Albertans also expect government to shoulder the financial burden of providing these services.

A high-performing, efficient and cost-effective health system depends on our success at implementing reforms to enhance productivity and sustainability, strategies to improve the availability and versatility of the health workforce, measures to control the escalating costs of pharmaceuticals, and initiatives to promote wellness and prevent injury and disease.

Health Care Productivity and Sustainability

Sustainability in the health system means more than just the ability to control spending. Sustainability means laying a solid foundation for the future, so that generations to come will be able to obtain affordable health services whenever and wherever those services are needed.

In the discussions about sustainability, the central question is not whether we are spending too much on health today, but whether we are investing wisely for the future. Our responsibility is to build and maintain an efficient and effective health system that is not only affordable today, but in the future as well. One that will not undermine our economic viability nor exceed our resourcing capabilities. In the long-run, keeping people healthy and well will be key to ensuring the sustainability of the health system. Life-long health should be the goal of every Albertan and having a healthy population will require fewer and less costly health services.

Effectively implementing reforms to improve the productivity and the sustainability of the health system will require improved cooperation between government and regional health authorities. The complexity and diversity of Alberta's health system and increasing levels of public spending on health care create the need for sound governance, stewardship and accountability throughout the system. Health system leaders must have the capability and skills necessary to fulfill their governance role in an accountable, efficient and effective manner.

It will also be important to ensure that Albertans have timely access to quality health services. According to the 2007 survey of the Health Quality Council of Alberta, Albertans are concerned about wait times and the ability to gain access to the health system. New approaches will be needed to bring about shortened wait lists, increase service capacity and ensure financial sustainability in our health system. The way forward will include redesigning the organization and delivery of health services. Research has shown that it is possible to "re-engineer" clinical care pathways so that bottlenecks and unnecessary steps can be eliminated. This will require innovative approaches and an openness to new ways of doing things.

Health Workforce Strategies

A shortage of qualified health professionals has become a critical concern in Alberta, especially in rural areas. This situation is further compounded by the fact that the average age of health care workers is increasing and many are nearing retirement age. Our first response is to do more of the same – expand education seats and increase the number of skilled immigrant workers. This is important, but we also need to develop new approaches to training, recruiting, utilizing and retaining health workers.

To address workforce needs, and to ensure that Albertans receive timely, accessible care, a Health Workforce Action Plan has been developed. The plan has two major components. The first component, called *Changing the Workforce* will support changes in how services are delivered. The second component, called *Expanding the Capacity of the Workforce*, focuses on diversifying the skills and training of future health workers and will ensure an adequate supply of health workers are trained. The Health Workforce Action Plan is intended to ensure that Alberta will benefit from more, better-trained health workers, and more innovation in the workplace.

A New Pharmaceutical Strategy

The last time that the Government of Alberta made significant changes to its drug programs was in 1994. At that time government sponsored drug programs were enhanced to improve their efficiency and effectiveness. Although programs have been further enhanced since then, rising consumer demands, new products, higher prices, and changes in the dynamics of care have caused pharmaceuticals to become the fastest growing area of expenditure in the health system.

Prescription drug costs in Alberta are currently growing at approximately 18 per cent per year. The Government of Alberta spent $1 billion on drugs in 2004/2005. Based on current growth rates, this amount could increase to $2 billion by 2010. At these growth rates, existing drug benefit programs and expenditures are not sustainable. Without significant reforms, the pattern of government expenditures on prescription drugs may prevent the allocation of sufficient resources to other important areas in health care.

Alberta needs a new pharmaceutical strategy to improve the management and control of drug expenditures so that all Albertans can have access to affordable and sustainable drug coverage. The goal of a new comprehensive approach to pharmaceuticals coverage and cost control is to improve access and equity, enhance health outcomes, control escalating drug costs, and streamline governance and management.

Promotion of Wellness and Prevention of Injury and Disease

Recent health system reforms have focused on accessibility, quality, affordability, and sustainability. In response to consumer demands, priority has been given to improvements in the delivery of acute care, emergency care, primary care, and continuing care. A very small proportion of health system funds are devoted to the prevention of injury and illness. The challenge is to shift our focus and allocate appropriate resources to illness and injury prevention in addition to providing illness care. Although it is believed that time and money spent on prevention will ultimately lead to a healthier population and lower health care costs, the benefits are usually not seen for decades. However, if we take the long-term

view a solid business case can be made for greater proportionate investment in health promotion and disease and injury prevention.

Many chronic diseases and injuries are highly avoidable and result in increasing rates of health system utilization and the premature death of many Albertans. An unhealthy diet, lack of physical activity and behaviors such as smoking are the main underlying factors associated with preventable death in Alberta. The good news is that tobacco use is declining. However, Albertans continue to be challenged by unhealthy diets and lack of physical exercise. As a result, overweight and obesity rates are escalating, particularly among children.

The health of Alberta's children must be a top priority. Life-long health begins in childhood and health problems not addressed in childhood can persist into adulthood. Investment in the health of children and youth will help them grow up to be healthy adults, both physically and mentally.

Individual Albertans have to take personal responsibility for their own health. Government's role is to provide information and encouragement so that Albertans will know what they can do to maximize their health and reduce the risk of chronic disease, injury or disability. However, we need to look at health in a broader context. A shift in program and strategy development from individual health to creating healthy communities is needed. We must strengthen initiatives at the local, regional, provincial and national level. This task does not fall on Alberta Health and Wellness alone, all government ministries, departments and agencies have an important role to play in achieving our common vision of healthy Albertans living in a healthy Alberta.

Organization with a Provincial Mandate

Alberta Alcohol and Drug Abuse Commission (AADAC)

Mission

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling

Core Businesses, Goals and Performance Measures

AADAC's mission is undertaken through three core businesses: information, prevention and treatment. Programs and services to address the needs of the general population and specific groups are integrated across these core businesses.

AADAC area offices, clinics, institutions and funded services are located in communities across Alberta. Individuals and families have access to basic addiction services where they live and work, with more specialized programs available on a regional or provincial basis.

Goal 1

To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics, and are accessible on the AADAC website at www.aadac.com.

What We Did

- In 2006/2007, AADAC released results from The Alberta Youth Experience Survey 2005. This province-wide survey of junior and senior high students replicates similar research conducted in 2002. Information on gambling and the use of alcohol and other drugs was gathered from more than 4,000 students in 17 Alberta school divisions. In addition to the report, several profiles were developed.
- The *Protection of Children Abusing Drugs Act* was proclaimed on July 1, 2006. The legislation allows a parent or a guardian of a child who is abusing alcohol or other drugs to apply for a court order to have the child placed in a protective safe house for up to five days. AADAC implemented detoxification and assessment programs in support of the Act and informed Albertans about the Act through public awareness sessions.
- As part of the Alberta Tobacco Reduction Strategy, AADAC developed the "No Cigarettes, No Regrets" campaign targeted at youth aged 12 to 17. The campaign featured a movie advertisement about the health effects of smoking and was supported by a poster campaign in 173 Alberta schools. In addition, AADAC also launched "Let's Clear the Air—Celebrating Smoke-Free Places," a campaign aimed at raising awareness of the harm caused by second-hand smoke, and at encouraging homeowners and businesses to go smoke-free.
- AADAC released the seventh edition of the *Alberta Profile: Social and Health Indicators of Addiction*. This report provides a compilation and synthesis of health and social indicators of addiction in Alberta. It is a key resource that assists AADAC and stakeholders in their planning and is a source of public information that contributes to knowledge of substance abuse and gambling issues at the local level and across the province.
- AADAC Learning Services developed several new courses in 2006/2007 including Counsellors in Court, Tobacco Cessation, Spirituality in the Context of Addictions, Family Violence and Trauma-Informed Services. To support employee development, core training was enhanced and an introductory course converted to online delivery to improve access.

Key Performance Measures and Results

MEASURE 1.A

Percentage of Albertans who are aware of AADAC services

Albertans who are aware of AADAC's information, prevention and treatment services are more informed about where to get information on alcohol, other drugs and problem gambling prevention as well as addiction services.

Awareness of AADAC services

	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of Albertans who are aware of AADAC services	89	89	88	88	88	90

Source: AADAC Public Opinion Survey (2003); Alberta Survey (2005, 2006, 2007).
For 2006/2007, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of AADAC. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 22.9 per cent). The margin of error for these results is ±2.8 per cent, 19 times out of 20. Respondents were asked: "Prior to me phoning you today, were you aware of the Alberta Alcohol and Drug Abuse Commission, or AADAC?"

MEASURE 1.B

Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child

Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering information on these effects can reduce the number of children born with fetal alcohol spectrum disorder (FASD).

Awareness of effects of alcohol use during pregnancy

	1999/2000	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child	89	99	99	98	98	99

Source: Environics Research Group, Health Canada (2000); AADAC Public Opinion Survey (2003); Alberta Survey (2005, 2006, 2007).
For 2006/2007, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of risks associated with alcohol consumption during pregnancy. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 22.9 per cent) that included 606 women. The margin of error for these results is ±2.8 per cent, 19 times out of 20. Respondents were asked: "True or false – alcohol use during pregnancy can lead to life-long disabilities in a child?"

DISCUSSION

In 2006/2007, 88 per cent of Albertans surveyed were aware of AADAC. Ninety-eight per cent of Alberta women surveyed were aware that alcohol use during pregnancy can lead to life-long disabilities in a child.

Results for these two measures were within two per cent of the target and indicate that Albertans are informed about the services offered by AADAC and the risk of alcohol consumption during pregnancy.

Goal

2 To prevent the development of and reduce the harm associated with alcohol, other drug and gambling problems.

AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harm associated with substance use and gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

What We Did

- In 2006/2007, the Alberta Tobacco Reduction Strategy grant funded a total of 25 community-based organizations, coalitions and provincial health regions. Grants included 14 community tobacco reduction projects, six programs that mobilized students on post-secondary campuses in support of the Young Adult Tobacco Reduction Strategy, and five projects to support development of smoke-free by-laws.
- As part of the enhanced Problem and Responsible Gambling Strategy, AADAC and the Alberta Gaming and Liquor Commission collaborated to open one additional Responsible Gambling Information Centre at the Deerfoot Casino (Calgary). An AADAC counsellor was located in the casino to provide information about gambling and to assist those concerned about their gambling.
- AADAC and the Alberta Gaming and Liquor Commission jointly initiated a marketing campaign called, "Responsible Gambling–Hold Your Own." This campaign included the distribution and display of posters, brochures and other print materials in Alberta casino, bingo and VLT venues with the theme "The Odds Are – Someone Depends on You." Joint training was also developed and delivered to bingo retailers across the province to promote responsible gambling, and prevent and reduce harm associated with problem gambling.
- In support of the Alberta Drug Strategy, AADAC provided annual grant funding to 41 local community coalitions throughout the province. The commission further supported these groups by hosting the second annual Drug Coalition Showcase in Red Deer. The showcase brought together 57 coalitions to exchange ideas and experiences regarding successful and evidence-based substance abuse prevention strategies.
- As part of the Alberta Drug Strategy, AADAC released the second edition of *Stronger Together: A Coordinated Alberta Response to Methamphetamine*. This report outlines key strategic priorities to reduce the harm resulting from the use and production of methamphetamine. AADAC also collaborated with Capital Health and other regional health authorities, Alberta Health and Wellness, the Alberta College of Pharmacists, the Alberta Mental Health Board, and the Royal Canadian Mounted Police to host Stronger Together: What You Need to Know About Crystal Meth, a

conference for physicians, nurses and other primary health care providers. AADAC also continued to co-ordinate the national Health, Education, and Enforcement in Partnership program activities in Alberta.

- In 2006/2007, AADAC awarded 104 grants to non-profit community organizations and agencies for the development of prevention projects that address local issues related to alcohol, other drugs and gambling.
- The Better Together Schools project was expanded in 2006/2007 to include three additional school districts. In partnership with the Alberta School Boards Association, AADAC provided funding and staff support for schools and school districts to create substance abuse prevention and early intervention strategies that reflect local priorities and needs.

Key Performance Measures and Results

Measure 2.a

Prevalence of smoking among Alberta youth

Because most regular smokers start at an early age, prevention activities focusing on youth are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term effects on the health care system.

Smoking among Alberta youth

	2000/2001	2002/2003	2004/2005	2006/2007	Target 2006/2007
Prevalence of smoking among Alberta youth (in per cent)	18	14	11	-	13*

Source: Statistics Canada: Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005).
Daily and occasional smoking combined for Albertans 12 to 19 years of age. For 2005, the CCHS included a sample of Albertans 12 years and older (n = 11,800) with a response rate of 81.5 per cent. The 95 per cent confidence interval for the sample of Albertans 12 to 19 years of age was 8.8–12.9.
Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.
*The 2006/2007 target was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005.
Data for 2006/2007 is unavailable. Initial data dissemination for CCHS 2007 is planned for spring 2008.

MEASURE 2.B

Prevalence of regular, heavy drinking among young Albertans

A pattern of regular, heavy drinking is associated with a higher risk of experiencing alcohol-related harm. Prevention programs targeting young Albertans are intended to reduce acute and chronic problems associated with this pattern of alcohol consumption.

Regular, heavy drinking among young Albertans

	2000/2001	2002/2003	2005/2006	2006/2007	Target 2006/2007
Prevalence of regular heavy drinking among young Albertans (in per cent)	34	31	31	-	30*

Source: Health Surveillance, Alberta Health and Wellness, Statistics Canada: Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005).
Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. For 2005, the CCHS includes a sample of Albertans 12 years and older (n =11,800) with a response rate of 81.5 per cent. The 95 per cent confidence interval for the sample of Albertans 15 to 29 years of age was 28.3–32.9.
Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.
*The 2006/2007 target was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005.
Data for 2006/2007 is unavailable. Initial data dissemination for CCHS 2007 is planned for spring 2008.

DISCUSSION

Smoking and heavy drinking among young Albertans have declined since 2001. Data for 2006/2007 is currently unavailable. Initial data dissemination for the 2007 Canadian Community Health Survey is planned for spring 2008. However, of Albertans who participated in the 2005 Canadian Community Health Survey, 11 per cent of those aged 12 to 19 years were current smokers (target 13 per cent) and 31 per cent aged 15 to 29 years were regular heavy drinkers (target 30 per cent). Results to date suggest that prevention activities are having a positive influence on tobacco use and alcohol consumption by young Albertans.

Goal

3 To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

AADAC offers a broad continuum of treatment services that assist Albertans in improving or recovering from the harmful effects of substance use and gambling. Treatment is aimed at adults, youth and their families who display significant problems. Services include community-based outpatient counselling, day programs, crisis and detoxification services, short- and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, aboriginal Albertans, business and industry referrals, people with opioid dependency or cocaine addiction and individuals affected by family violence.

What We Did

- AADAC supported the implementation of the *Protection of Children Abusing Drugs Act* by expanding treatment services to include secure residential care. AADAC opened 20 detoxification and assessment beds in five protective safe houses located in Edmonton, Grande Prairie, Picture Butte, Red Deer and Calgary for youth confined under the Act. AADAC counsellors work with youth and their families to plan for voluntary treatment following discharge from a protective safe house. From July 1, 2006, to March 31, 2007, AADAC received over 500 Notices of Application under the *Protection of Children Abusing Drugs Act* resulting in approximately 380 admissions to protective safe houses.
- As part of the continuum of youth services, AADAC has also increased the number of voluntary youth detoxification and residential treatment beds in Calgary.
- AADAC opened three new area offices in the communities of Bonnyville, Grande Cache and Taber. These offices provide a full range of AADAC programs and services, including outpatient counselling for adults and youth.
- AADAC provided grant funding to two residential programs in Calgary: Fresh Start Recovery Centre for men and Youville Residential Society for women. AADAC also provided operational funding for the Jasper Community Team Society, which offers early intervention, outreach and referral services to adults and youth.
- AADAC continued to participate in the Edmonton Drug Treatment and Community Restoration Court. The commission provides program consultation and specialized treatment services to offenders with substance abuse problems who are referred by the drug treatment court.

Key Performance Measures and Results

Measure 3.A

Percentage of clients who are satisfied with AADAC treatment services

To increase the probability of success, it is important that treatment programs meet the needs and expectations of clients receiving these services. AADAC surveys clients to assess their level of satisfaction with treatment services received.

Satisfaction with AADAC treatment services

	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of clients satisfied with treatment services	95	96	95	96	95	95

Source: AADAC Treatment Follow-Up Survey database (2002/2003 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/2006 – 2006/2007) and Detox Feedback Survey (2005/2006 – 2006/2007). Client satisfaction was assessed from two sources. Results from both sources were combined and weighted to provide total client satisfaction (n =10,154).
Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2006/2007): An independent private research contractor conducted follow-up telephone interviews with treatment clients. Clients entering treatment services who gave consent for follow-up (excluding detoxification) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 6,472 clients was telephoned three months after treatment completion. A total of 2,281 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 35.2 per cent). The margin of error is ±2.0 per cent, 19 times out of 20.
Detox Feedback Survey: Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 12,519 clients receiving detoxification services, 8,032 surveys were returned (response rate = 64.2 per cent).

Measure 3.B

Percentage of clients reporting they were improved following treatment

AADAC offers a continuum of treatment services that address the individual needs of clients. The intended outcome is client abstinence or an improved level of recovery. AADAC measures client improvement following treatment to ensure that programs are effective.

Improvement following AADAC treatment

	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of clients reporting they were improved following treatment	94	93	92	91	90	93

Source: AADAC Treatment Follow-Up Survey database (2002/2003 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/2006 – 2006/2007)
Client improvement was assessed using the same process as in client satisfaction source above (measure 3.1). Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were "abstinent" or "improved" three months after treatment.

Discussion

In 2006/2007, the target for client satisfaction with treatment services was met with 95 per cent of clients surveyed reporting they were "somewhat satisfied" or "very satisfied" with the treatment services received. The high level of satisfaction suggests treatment programs are meeting client expectations.

In 2006/2007, the result for clients reporting improvement following treatment was within three per cent of target. Results indicate that most AADAC clients reported improvement three months after treatment and that the intended outcome of abstinence or improved level of recovery continues to be achieved by nine out of 10 AADAC clients.

Cross-Ministry Initiatives

In support of the Alberta Child and Youth Initiative, AADAC collaborated with Children's Services and other ministries to develop a 10-year strategic plan to reduce the impact of fetal alcohol spectrum disorder through the delivery of prevention, diagnosis and assessment and support services to Albertans. AADAC continued to offer Enhanced Services for Women, providing immediate treatment access to pregnant women with substance use problems, as well as information, prevention and outreach programs to women with substance use problems who are or may become pregnant.

AADAC continued to work with health regions, physicians and key stakeholders to implement the Building Capacity framework to address concerns for Albertans affected by addiction and mental health issues (concurrent disorders). In 2006/2007, AADAC, in partnership with the Capital and David Thompson Health Regions, developed pilot project proposals focused on Albertans with both severe mental health and severe addictions issues.

AADAC continued to collaborate with the Alberta Mental Health Board and other ministries to deliver services for the Provincial Family Violence Treatment Program in communities with domestic violence courts (Lethbridge, Red Deer, Medicine Hat, Edmonton and Calgary). AADAC counsellors provide addiction assessment, treatment and follow-up referrals to court-mandated program participants. AADAC works closely with the Alberta Mental Health Board to co-ordinate research and evaluation of this program.

AADAC supported key government administration initiatives in 2006/2007. For example, as part of the Information and Communication Technology Initiative, Information Technology Services expanded videoconferencing capacity within AADAC. Current uses include corporate presentations, project collaboration, interviews and district meetings. AADAC continued to contribute to Service Alberta by maintaining and updating information on addiction-related services.

Future Challenges

Substance use and gambling problems occur at all levels of society and within communities throughout Alberta. They are not contained by geography, social or economic status, ethnicity, gender or age. At some point in their lives, many Albertans will experience personal problems related to alcohol, other drugs or gambling. Others will face difficulties because of someone else's addiction. The harm related to alcohol, other drugs and gambling can be significant and long-lasting for individuals, families, and communities.

Alcohol, other drug and gambling problems do not occur in isolation. As Alberta's population becomes larger and more diverse, so do the challenges presented by substance use and problem gambling. The economic boom brings cultural and social challenges associated with a young, mobile, and rapidly growing multicultural workforce. The boom creates not only opportunity but also scarcity, resulting in the need to attend to housing shortages, lack of family or social support, and isolation due to language barriers. Additionally, infrastructure pressures and workforce shortages affect employers' efforts to recruit and retain quality staff, including addiction professionals.

The economic and social costs associated with substance abuse and problem gambling in Alberta are significant. Mounting evidence of the need to reduce harm related to alcohol, other drugs and gambling in the province parallels greater demand for AADAC services. The commission will respond to this increased demand by continuing to focus on individuals and families and their needs. The commission will ensure Albertans have access to a continuum of effective programs, and AADAC will strategically invest in the extension of services where impact is greatest (e.g., for youth). AADAC has a long history of working with others and will strengthen valued partnerships at the local, provincial and national levels to increase overall system co-ordination and capacity.

Changes to Performance Measures Information

New or Changed Key Performance Measurement for 2006/2007 Annual Report:

- Per cent of children 6 – 24 months who have received the annual influenza (flu) vaccine

Key Performance Measurement to be discontinued after the 2006/2007 Annual Report:

- NA

New or Changed Key Performance Measurement for 2007/2008 Annual Report:

- Wait Times: Regional Health Authority achievement of wait time goals:
  - Cataract Surgery
  - CT Scans
- Wait Times: Children's Mental health Services achievement of wait time goals.

Financial Information

Ministry of Health and Wellness

Consolidated Financial Statements

March 31, 2007

MINISTRY OF HEALTH AND WELLNESS

CONSOLIDATED FINANCIAL STATEMENTS

March 31, 2007

Auditor's Report

Consolidated Statement of Operations

Consolidated Statement of Financial Position

Consolidated Statement of Cash Flows

Notes to the Consolidated Financial Statements

Schedule 1 - Consolidated Revenues

Schedule 2 - Consolidated Expenses-Directly Incurred Detailed by Object

Schedule 3 - Consolidated Budget

Schedule 4 – Consolidated Related Party Transactions

Schedule 5 – Consolidated Allocated Costs

Schedule 6 – Consolidated Equity in Health Authorities and Health Boards

AUDITOR GENERAL *Alberta*

Auditor's Report

To the Members of the Legislative Assembly

I have audited the consolidated statement of financial position of the Ministry of Health and Wellness as at March 31, 2007 and the consolidated statements of operations and cash flows for the year then ended. The financial statements are the responsibility of the Ministry's management. My responsibility is to express an opinion on the financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Ministry as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
June 11, 2007

MINISTRY OF HEALTH AND WELLNESS

CONSOLIDATED STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007		2006
	Budget (Schedule 3)	Actual	Actual (Restated - Note 3)
Revenues (Schedule 1)			
Internal Government Transfers	$ 387,803	$ 387,803	$ 345,291
Transfers from the Government of Canada	1,887,770	1,590,509	1,839,057
Investment Income	6,000	23,856	13,998
Premiums and Fees	906,588	952,734	922,652
Equity increase from Health Authorities & Health Boards	-	74,355	76,896
Other Revenue	98,535	108,440	107,553
	3,286,696	3,137,697	3,305,447
Expenses - Directly Incurred (Note 2d(v) and Schedules 2 & 5)			
Program			
Regional Health Services	5,975,395	6,111,038	5,569,741
Mental Health Innovation	25,000	24,440	24,999
Physician Services	1,879,653	2,047,485	1,757,453
Non-Group Health Benefits	689,576	622,295	586,546
Allied Health Services	82,930	77,501	74,457
Protection, Promotion and Prevention	95,233	125,152	88,998
Human Tissue and Blood Services	131,700	131,160	118,684
Provincial Programs	352,019	332,068	330,932
Addiction Prevention and Treatment Services	94,667	92,644	77,444
Ministry Support Services	148,096	153,301	146,886
Health Information Systems	167,083	152,746	243,625
Infrastructure Support	610,559	760,089	503,904
	10,251,911	10,629,919	9,523,669
Statutory (Schedule 2)			
Cancer Research and Prevention Investment	25,000	25,000	-
Multi Provincial/Territorial Assistance Program	-	1,656	-
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-Offs	41,363	46,437	47,047
Other Write-Offs	-	684	496
Provision for Vacation Pay	-	1,548	763
	66,363	75,325	48,306
	10,318,274	10,705,244	9,571,975
Net Operating Results	$ (7,031,578)	$ (7,567,547)	$ (6,266,528)

The accompanying notes and schedules are part of these consolidated financial statements

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2007

(in thousands)

	2007	2006 (Restated - Note 3)
ASSETS		
Cash (Note 4)	$ 28,169	$ 21,616
Accounts Receivable, Loans & Advances (Note 5)	213,318	201,505
Inventory	16,821	11,348
Equity in Health Authorites & Health Boards (Schedule 6)	511,219	436,864
Tangible Capital Assets (Note 6)	72,581	70,089
	$ 842,108	$ 741,422
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 7)	$ 1,115,442	$ 753,526
Unearned Revenue (Note 8)	226,570	362,316
	1,342,012	1,115,842
NET ASSETS (LIABILITIES)		
Net Assets (Liabilities) at Beginning of Year	(374,420)	(69,041)
Net Operating Results	(7,567,547)	(6,266,528)
Net Transfer from General Revenues	7,442,063	5,961,149
Net Assets (Liabilities) at End of Year	(499,904)	(374,420)
	$ 842,108	$ 741,422

The accompanying notes and schedules are part of these consolidated financial statements

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007	2006 (Restated - Note 3)
Operating Transactions		
Net Operating Results	$ (7,567,547)	$ (6,266,528)
Non-cash items:		
Amortization of Tangible Capital Assets (Schedule 2)	12,282	9,491
Health Care Insurance Premium Revenue Write-offs	46,437	47,047
Other Write-Offs	684	496
Provision for Vacation Pay	1,548	763
Loss on Disposal of Tangible Capital Assets	9	-
	(7,506,587)	(6,208,731)
(Increase) Decrease in Accounts Receivable	(58,934)	352,846
(Increase) in Inventory	(5,473)	(5,404)
(Increase) in Equity in Health Authorities & Health Boards	(74,355)	(76,896)
Increase in Accounts Payable and Accrued Liabilities	360,368	268,973
(Decrease) in Unearned Revenue	(135,746)	(276,938)
Cash (applied to) Operating Transactions	(7,420,727)	(5,946,150)
Capital Transactions		
Acquisition of Tangible Capital Assets	(14,783)	(12,167)
Cash (applied to) Capital Transactions	(14,783)	(12,167)
Investing Transactions		
Loans and advances	-	4
Cash Provided by (applied to) Investing Transactions	-	4
Financing Transactions		
Net Transfer from General Revenues	7,442,063	5,961,149
Increase in Cash	6,553	2,836
Cash, Beginning of Year	21,616	18,780
Cash, End of Year	$ 28,169	$ 21,616

The accompanying notes and schedules are part of these consolidated financial statements

MINISTRY OF HEALTH AND WELLNESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
MARCH 31, 2007

Note 1 Authority and Purpose

The Minister of Health and Wellness (Minister) has, by the *Government Organization Act* and its regulations, been designated responsibilities for various Acts. To fulfill these responsibilities, the Minister is responsible for the organizations listed in Note 2(a). The authority under which each organization operates is also listed in Note 2(a). Together these organizations form the Ministry of Health and Wellness (Ministry).

The purpose of the Ministry is to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders. The Ministry leads and supports a system for the delivery of quality health services and encourages and supports healthy living.

Through a leadership role, the Ministry sets direction, policy and provincial standards that ensure quality services and sets priorities based on health needs, determines the scope of financial, capital and human resources required, and measures and reports on the performance of the system. The Ministry is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants.

(a) Reporting Entity

The reporting entity is the Ministry of Health and Wellness, for which the Minister of Health and Wellness is accountable. These financial statements include the financial results of the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta.

(b) Foundations

The Health Authorities disclose their controlled foundations as notes in their financial statements. The net operating results and net assets of these controlled foundations are not consolidated into the Health Authorities' financial statements.

If the Health Authorities had consolidated the significantly controlled foundations using the modified equity method, the operating results and unrestricted net assets would have increased $2.6 million (2006-$2.5 million) and $2.5 million (2006 -$3.6 million) respectively.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(c) Method of Consolidation

The accounts of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission are fully consolidated on a line-by-line basis. Revenue and expense transactions, capital, investing and financing transactions and related asset and liability accounts between these entities have been eliminated.

The accounts of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are included on the modified equity basis, the equity being computed in accordance with Canadian generally accepted accounting principles applicable to the Health Authorities, the Alberta Cancer Board, Alberta Mental Health Board and Health Quality Council of Alberta. Under the modified equity method, the accounting policies of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are not adjusted to conform with those of the Ministry. Inter-sector revenue and expense transactions and related asset and liability balances are not eliminated.

The Public Sector Accounting Board has issued standards that require controlled entities such as the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta to be fully consolidated line-by-line. In a transition period to March 31, 2008, the Ministry is permitted to use the modified equity method of accounting.

(d) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

Internal government transfers are transfers between entities within the government reporting entity where the entity making the transfer does not receive any goods or services directly in return.

(iii) Transfers from the Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria if any are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers and other transfers received before revenue recognition criteria have been met are included in accounts payable and accrued liabilities.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(iv) Dedicated Revenue

Dedicated revenue initiatives provide a basis for authorizing spending. Dedicated revenues are shown as credits or recoveries in the details of the Government Estimates for a supply vote.

If budgeted revenues are not fully realized, spending is reduced by an equivalent amount. If actual dedicated revenues exceed budget, the Ministry may, with the approval of the Treasury Board, use the excess revenue to fund additional expenses of the program.

(v) Expenses

Directly Incurred

Directly incurred expenses are those costs the Ministry has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.
- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Grants are recognized as expenses when authorized, eligibility criteria if any are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Ministry's operations are disclosed in Schedule 4.

(vi) Assets

Financial assets of the Ministry are limited to financial claims, such as advances to and receivables from other organizations, employees and other individuals as well as consumable inventories and bank balances established under the Health Care Insurance Plan.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(vii) Assets (continued)

Assets acquired by right are not included. Tangible capital assets of the Ministry are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. Amortization is only charged if the asset is in use. The threshold for capitalizing new systems development is $100,000 and the threshold for all other capital assets is $5,000.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

(viii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of the fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(ix) Net Assets (Liabilities)

Net assets (liabilities) represent the difference between the carrying value of assets held by the Ministry and its liabilities.

(x) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of cash, accounts receivable, loan and advances, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short-term nature of these instruments.

(xi) Payments Under Reciprocal and Other Agreements

The Ministry entered into agreements with other Provincial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these consolidated financial statements. Amounts paid and recovered under these agreements are disclosed in Note 11.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(xii) Measurement Uncertainty
(in thousands)

Measurement uncertainty exists when there is a significant variance between the recognized or disclosed amount and another reasonably possible amount. The nature of uncertainty, for Canada Health Transfers, can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information.

The allowance for doubtful accounts, in the amount of $128,657 (2006 - $129,800) as reported in Note 5 is subject to measurement uncertainty. This is based on an aged analysis of the accounts receivable balance at March 31, 2007 and past collection patterns. This estimate in the past has resulted in a number that differs, on average, from the final results by plus or minus 4%.

The accrual for claims payable to physicians in the amount of $98,848 (2006 - $36,438) is subject to measurement uncertainty. This includes an estimate of $36,000 (2006-$0) for the settlement of the two year financial re-opener under the trilateral agreement between the Alberta Medical Association, the Health Authorities and the Ministry of Health and Wellness. Also, this includes an estimate of $62,848 (2006 - $36,438) for the expected payments made subsequent to March 31, 2007 within the 180 days claim period. The $62,848 estimate in the past has resulted in a number that differs, on average, from the final results by plus or minus 6%.

Note 3 Reporting Changes
(in thousands)

As a result of transfers of responsibility for programs between the Ministry of Health and Wellness, Ministry of Infrastructure and Transportation and the Ministry of Service Alberta, and a change to consolidate the Health Authorities and Health Boards, comparatives for 2006 have been restated as if the Ministry had always been assigned its current responsibilities.

The following is a summary of the effect of the reporting changes on the 2005-06 consolidated financial statements:

	March 31, 2006				
		Reporting Changes			
	As Previously Reported	Transfers From Infrastructure & Transportation (1)	Transfers From/To Service Alberta (2) & Others	Consolidation of Health Authorities & Health Boards (3) (4)	As Restated
Revenues	$ 3,074,553	$ 153,998	$ -	$ 76,896	$ 3,305,447
Expenses	9,198,130	377,669	(3,824)	-	9,571,975
Net Operating Results	(6,123,577)	(223,671)	3,824	76,896	(6,266,528)
Net Transfers From General Revenues	5,741,302	223,671	(3,824)	-	5,961,149
Net Assets (Liabilities) at March 31, 2005	(430,251)	1,242	-	359,968	(69,041)
Net Assets (Liabilities) at March 31, 2006	$ (812,526)	$ 1,242	$ -	$ 436,864	$ (374,420)

(1) Responsibility for the Health Facilities Infrastructure program was transferred from the Ministry of Infrastructure and Transportation to the Ministry of Health and Wellness.

(2) In 2007, Service Alberta no longer bills the Ministry of Health and Wellness for certain services it did in 2006.

(3) Effective for the 2006-07 fiscal year, the Ministry expanded its reporting entity to include the accounts of Health Authorities and Health Boards in its consolidated financial statements on a modified equity basis (see Note 2(c) and Schedule 6). Previously, the financial statements of the Health Authorities and Health Boards were not included in the Ministry's accounts. This reporting change has been applied retroactively.

If the change had not been made, the net assets (liabilities) at March 31, 2007 would have been $ (1,011,123) and the net operating results for the year ending March 31, 2007 would amount to $ (7,641,902).

(4) Health Authorities and Health Boards net operating results and net assets were restated (see Schedule 6).

Note 4 Cash
(in thousands)

The cash balance consists of the following:

	2007	2006
Department of Health and Wellness Bank Account	$ 12,047	$ 11,541
Alberta Alcohol and Drug Abuse Commission Consolidated Cash Investment Trust Fund	16,110	10,064
Accountable Advances	12	11
	$ 28,169	$ 21,616

Note 5 Accounts Receivable, Loans and Advances
(in thousands)

	2007			2006
	Gross Amount	Allowance for Doubtful Accounts	Net Realizeable Value	Net Realizeable Value (Restated - Note 3)
Accounts receivable	$ 338,536	$ 128,657	$ 209,879	$ 200,201
Amounts due from Health Authorities & Health Boards	467	-	467	290
Other receivable	2,969	-	2,969	1,011
Loans and advances	3	-	3	3
	$ 341,975	$ 128,657	$ 213,318	$ 201,505

Note 6 Tangible Capital Assets
(in thousands)

	2007			2006
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	3 - 10 years		
Historical Cost [1]				
Beginning of year	$ 1,886	$ 102,388	$ 104,274	$ 92,114
Additions	465	14,318	14,783	12,167
Disposals, including write-downs	(62)	-	(62)	(7)
	2,289	116,706	118,995	104,274
Accumulated Amortization				
Beginning of year	$ 356	$ 33,829	$ 34,185	$ 24,701
Amortization expense	220	12,061	12,281	9,491
Effect of disposals	(52)	-	(52)	(7)
	524	45,890	46,414	34,185
Net Book Value at March 31, 2007	$ 1,765	$ 70,816	$ 72,581	
Net Book Value at March 31, 2006	$ 1,530	$ 68,559		$ 70,089

[1] Historical cost includes work-in-progress, which is comprised of computer hardware and software, totaling $944 at March 31, 2007 (2006 - $2,444).

Note 7 Accounts Payable and Accrued Liabilities
(in thousands)

	2007	2006 (Restated)
Accounts payable	$ 343,686	$ 227,613
Accrued liabilities	334,512	161,054
Amounts due to Health Authorities & Health Boards	426,099	355,246
Accrued vacation pay	11,145	9,613
	$ 1,115,442	$ 753,526

Note 8 Unearned Revenue

(in thousands)

Changes in unearned revenue are as follows:

	2007	2006
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 32,547	$ 31,661
Third Party Recoveries	17	37
Institution Fees	14	34
	32,578	31,732
Less amounts recognized as revenue in the year	(168,324)	(308,721)
Increase during the year	(135,746)	(276,989)
Balance at beginning of year	362,316	639,305
Balance at end of year	$ 226,570	$ 362,316
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 32,547	$ 31,661
Health Services for Persons with Hepatitis C	10,835	12,495
Third Party Recoveries	63	58
Public Health and Immunization Trust	-	13,622
Wait Times Reduction Transfer	183,111	304,446
Institution Fees	14	34
	$ 226,570	$ 362,316

Note 9 Contractual Obligations

(in thousands)

As at March 31, 2007, the Ministry has the following contractual obligations:

	2007	2006 (Restated - Note 3)
Specific programs commitments [1]	$ 8,543,919	$ 8,915,481
Capital construction contracts	3,318,520	3,058,536
Service contracts	145,663	137,570
Equipment & Vehicles leases	209,266	111,552
	$ 12,217,368	$ 12,223,139

[1] Included in 2007 specific programs commitments is an amount of $6,913,441 (2006 - $7,755,000) for the provision of insured medical services by physicians under the trilateral agreement signed between the Alberta Medical Association, the Health Authorities and the Ministry of Health and Wellness.

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital Construction Contracts	Service Contracts	Equipment & Vehicle Leases	Total 2007
2008	$ 2,480,012	$ 1,064,169	$ 75,620	$ 31,207	$ 3,651,008
2009	2,107,994	1,007,932	48,563	27,218	3,191,707
2010	2,047,801	579,914	18,116	23,173	2,669,004
2011	1,895,056	460,106	995	21,120	2,377,277
2012	11,662	206,399	809	16,770	235,640
Thereafter	1,394	-	1,560	89,778	92,732
	$ 8,543,919	$ 3,318,520	$ 145,663	$ 209,266	$ 12,217,368

Health Authorities & Health Boards

The Health Authorities and Health Boards have total commitments of $1,392,088 (2006 - $709,130) and these have been included in the above numbers. Commitments between the Department and Health Authorities and Health Boards within the Ministry totaling $3,532,839 (2006 - $3,313,810) have not been eliminated. This is consistent with the modified equity method of consolidation.

Note 9 Contractual Obligations (continued)

(in thousands)

Canadian Blood Services

The Government of Alberta is committed to provide funding to the Canadian Blood Services (CBS). This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products. During the year, payments to CBS amounted to $131,076 (2006 - $118,221). Budgeted expenditure for the 2008 fiscal year is $135,000.

Note 10 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity

(in dollars)

Hepatitis C

At March 31, 2007, the Ministry was named as defendant in 38 specific legal actions (2006- 39 specific legal actions) relating to the Hepatitis C virus affected through the Canadian blood system. The total claimed in 27 specific legal actions approximates $79 million (2006 - 28 specific legal actions approximates $553 million). For the other 11 claims, no specified amount has yet been claimed (2006 - 11 claims have no specified amount); the amount of these claims will be determined at trial.

38 of these claims (2006 - 39 claims) are covered by the Alberta Risk Management Fund with 27 claims amounting to $79 million (2006 – 28 claims amounting to $553 million). Potential liability for these claims is shared by the Canadian Red Cross Society and the federal government. The resulting loss, if any, from these claims cannot be determined.

Federal, provincial and territorial governments have agreed to offer financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The details of assistance will be determined through a negotiation process submitted to the courts for approval. The financial package of $1.1 billion is national in scope. Alberta's share of the financial assistance package is estimated at $30 million, and the Ministry made a provision in 1999-2000 for its portion of the Hepatitis C assistance. At March 31, 2007 the unpaid balance of the Ministry's commitment to the financial assistance package was $10.9 million (2006 - $12.9 million).

Equity Agreements with Voluntary Hospital Owners

The Ministry has a contingent liability for buy-out of equity under Equity Agreements entered into between the Ministry and Voluntary Hospital Owners. The Ministry's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2007, the contingent payout liability upon termination is estimated at $12.8 million (2006 - $12.8 million).

Note 10 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity (continued)
(in dollars)

Other Contingencies

At March 31, 2007, the Ministry was named as defendant in 43 other legal actions (2006 - 53 legal actions). 31 of these claims have specified amounts totaling $102.0 million (2006 - 40 claims with a specified amount of $73.9 million). Included in the total legal actions are 25 claims amounting to $63.3 million (2006 – 26 claims amounting to $52.8 million) in which the Ministry has been jointly named with other entities. 17 claims amounting to $47.4 million (2006 - 19 claims amounting to $48.6 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 9, CBS provides blood services in Alberta. CBS owns a captive insurer operating in Bermuda as CBS Insurance Company Limited (CBSI), which has issued a Primary Policy of insurance to CBS with a maximum limit of $250 million for the risks associated with the operation of the blood system. CBS also owns a captive insurer operating in British Columbia as Canadian Blood Services Captive Insurance Company Limited (CBSE), which has issued an Excess Policy of insurance to CBS with a maximum limit of $750 million. The Excess Policy follows form of the Primary Policy.

CBSE was capitalized in whole through funding from the provinces and territories (except Quebec), through a Captive Support Agreement dated September 26, 2006 (CSA), between the provinces, territories, and CBSE. Under the CSA, each of the provinces and territories provided their Pro Rata Share (as defined in the CSA) through an indemnity. Alberta's Pro Rata Share is 13.1% of CBSE's total capital amount, which amounts to $98 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The recognition criterion for this indemnity is notification from the CBS that a portion or all of the indemnity is required. At March 31, 2007, no amount has been recognized for this indemnity.

Note 11 Payments under Reciprocal and Other Agreements
(in thousands)

The Ministry entered into agreements, under the Alberta Health Care Insurance Plan, with other Provincial Governments and the Workers' Compensation Board to provide health services on their behalf. The Ministry pays service providers for services rendered under the agreements and recovers the amount paid from other provinces and the Workers' Compensation Board. Service providers include Health Authorities, Health Boards and physicians.

The Ministry also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level.

Note 11 Payments under Reciprocal and Other Agreements (continued)

(in thousands)

In addition, the Ministry entered into agreements with Health Canada, the Workers' Compensation Board and other provincial and territorial governments to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Ministry under authority of the *Financial Administration Act*, Section 25 (1).

Balances receivable from or payable to the Federal Government, other provincial and territorial governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

	2007				2006
	Western Health Information Collaborative	Other Provincial Government & WCB	Air Ambulance	Total	Total
Opening receivable (payable) balance	$ 207	$ 38,700	$ 992	$ 39,899	$ 45,042
Add: Payments made during the year	178	184,898	4,015	189,091	177,346
	385	223,598	5,007	228,990	$ 222,388
Less: Collections received during the year	194	189,291	1,858	191,343	182,158
Less: Adjustments made during the year	-	-	16	16	331
Closing receivable (payable) balance	$ 191	$ 34,307	$ 3,133	$ 37,631	$ 39,899

Note 12 Defined Benefit Plans

(in thousands)

The Ministry participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Ministry also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $8,695 for the year ended March 31, 2007 (2006 - $7,449).

At December 31, 2006, the Management Employees Pension Plan reported a deficiency of $6,765 (2005 – deficit $165,895) and the Public Service Pension Plan reported a surplus of $153,024 (2005 – deficiency of $187,704). At December 31, 2006, the Supplementary Retirement Plan for Public Service Managers had a surplus of $3,698 (2005 – $10,018).

The Ministry also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2007, the Bargaining Unit Plan reported an actuarial surplus of $153 (2006 – actuarial deficiency $8,699) and the Management, Opted Out and Excluded Plan reported an actuarial surplus of $10,148 (2006 – $8,309). The expense for these two plans is limited to the employer's annual contributions for the year.

Note 13 Comparative Figures

Certain 2006 figures have been restated, where necessary, to conform to the 2007 presentation.

Note 14 Approval of Financial Statements

The consolidated financial statements were approved by the Senior Financial Officer and the Deputy Minister.

Schedule 1

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2007		2006
	Budget (Schedule 3)	Actual	Actual (Restated - Note 3)
Internal Government Transfers:			
Transfer from the Lottery Fund	$ 362,803	$ 362,803	$ 345,291
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	25,000	-
	387,803	387,803	345,291
Transfers from the Government of Canada:			
Canada Health Transfer	1,743,895	1,449,757	1,543,749
Wait Times Reduction	121,335	121,335	62,908
Diagnostic/Medical Equipment	-	-	49,690
Other	22,540	19,417	182,710
	1,887,770	1,590,509	1,839,057
Investment Income	6,000	23,856	13,998
Premiums and Fees:			
Health care insurance:			
Premiums before premium assistance	856,389	1,048,712	1,010,831
Less:			
Premium assistance under legislation	-	(143,558)	(135,101)
	856,389	905,154	875,730
Add:			
Penalties	25,481	20,694	21,212
Interest and miscellaneous	130	345	236
Health care insurance premiums, penalties and interest	882,000	926,193	897,178
Blue Cross:			
Premiums before premium assistance	23,000	26,818	25,828
Less premium assistance	-	(1,991)	(1,960)
Blue Cross premiums	23,000	24,827	23,868
Total premiums	905,000	951,020	921,046
Other	1,588	1,714	1,606
	906,588	952,734	922,652
Net Income from Health Authorities & Health Boards	-	74,355	76,896
Other revenue:			
Third party recoveries	77,500	78,925	69,129
Miscellaneous:			
Previous years' refunds of expenditure	1,500	695	14,324
Other	19,535	28,820	24,100
	98,535	108,440	107,553
Total Revenues	$ 3,286,696	$ 3,137,697	$ 3,305,447

Schedule 2

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF
EXPENSES - DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007		2006
	Budget (Schedule 3)	Actual	Actual (Restated - Note 3)
Voted:			
Grants	$ 9,912,497	$ 10,340,084	$ 9,257,195
Supplies and Services	177,361	137,593	129,212
Salaries, Wages and Employee Benefits	115,362	113,325	102,898
Amortization of Tangible Capital Assets	13,573	12,282	9,491
Inventory Consumed	32,970	26,488	24,687
Financial Transactions and Other	148	147	186
Total Voted Expenses	$ 10,251,911	$ 10,629,919	$ 9,523,669
Statutory:			
Cancer Research and Prevention Investment	$ 25,000	$ 25,000	$ -
Multi Provincial/Territorial Assistance Program	-	1,656	-
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-offs	41,363	46,437	47,047
Other Write-offs	-	684	496
Provision for Vacation Pay	-	1,548	763
	$ 66,363	$ 75,325	$ 48,306

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2006-2007 Estimates [1]	Adjustments [2]	2006-2007 Budget	Authorized Supplementary [3]	2006-2007 Authorized Budget
Revenues:					
Internal Government Transfers	$ 387,803	$ -	$ 387,803	$ -	$ 387,803
Transfer from Government of Canada	1,887,770	-	1,887,770	-	1,887,770
Investment Income	6,000	-	6,000	-	6,000
Premiums and Fees	906,588	-	906,588	-	906,588
Other Revenue	98,535	-	98,535	-	98,535
	3,286,696	-	3,286,696	-	3,286,696
Expenses - Directly Incurred:					
Program					
Regional Health Services	5,975,395	-	5,975,395	112,000	6,087,395
Mental Health Innovation	25,000	-	25,000	-	25,000
Physician Services	1,879,653	-	1,879,653	147,000	2,026,653
Non-Group Health Benefits	689,576	-	689,576	-	689,576
Allied Health Services	82,930	-	82,930	-	82,930
Protection, Promotion and Prevention	95,233	-	95,233	-	95,233
Human Tissue and Blood Services	131,700	-	131,700	-	131,700
Provincial Programs	352,019	-	352,019	-	352,019
Addiction Prevention and Treatment Services	94,667	-	94,667	-	94,667
Ministry Support Services	148,096	-	148,096	-	148,096
Health Information Systems	167,083	-	167,083	12,300	179,383
Infrastructure Support	610,559	-	610,559	150,000	760,559
	10,251,911	-	10,251,911	421,300	10,673,211

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2006-2007 Estimates [1]	Adjustments [2]	2006-2007 Budget	Authorized Supplementary [3]	2006-2007 Authorized Budget
Statutory Expenses					
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Valuation Adjustments					
Health Care Insurance Premiums Revenue Write-Offs	41,363	-	41,363	-	41,363
Other Write-Offs	-	-	-	-	-
Provision for Vacation Pay	-	-	-	-	-
	66,363	-	66,363	-	66,363
Total Expense	10,318,274	-	10,318,274	421,300	10,739,574
Net Operating Results	$ (7,031,578)	$ -	$ (7,031,578)	$ (421,300)	$ (7,452,878)
Equipment / Inventory Purchases	$ 43,544	$ -	$ 43,544	$ -	$ 43,544
Capital Investment	$ 32,234	$ -	$ 32,234	$ -	$ 32,234

(1) 2006-07 estimates include transfers of $3,220 for emerging capital purposes from Infrastructure and Transportation, pursuant to the Appropriation Act, 2006, section 5(1)(a). Also, the responsibility for th administration of the $35 unexpended balance of the Cabinet Policy Committee on Health and Community Living was transferred to the Department of Seniors and Community Support as per O.C. 24/2007.

(2) Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, EIP and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

(3) Supplementary estimates were approved on September 8, 2006 and March 23, 2007. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act*.

Schedule 4

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the Ministry.

The Ministry and its employees paid or collected certain taxes and fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this Schedule.

The Ministry had the following transactions with related parties recorded in the Consolidated Statement of Operations and Financial Position at the amount of consideration agreed upon between the related parties. Health Authority and Health Board transactions with other entities are included in this schedule, but these are not recorded in the Consolidated Statement of Operations and Financial Position due to the modified equity method of consolidation.

	Other Entities	
	2007	2006 (Restated - Note 3)
Revenues		
Grants	$ 406,284	$ 355,829
Fees & Charges	587	853
Other	20	67
	$ 406,891	$ 356,749
Expenses - Directly Incurred		
Grants	$ 114,961	$ 39,491
Other Services	14,324	41,842
	$ 129,285	$ 81,333
Tangible Capital Assets Transferred In (Out)	$ 24,547	$ (141)
Receivable from	$ 774	$ 212
Payable to	$ 155,504	$ 66,251

The Ministry receives services under contracts managed by Service Alberta. Any commitments under these contracts are reported by Service Alberta.

The Ministry also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the consolidated financial statements and are disclosed in Schedule 5.

	Other Entities	
	2007	2006-Restated
Expenses - Incurred by Others		
Accommodation	$ 31,729	$ 27,903
Legal	2,469	1,974
Other	4,089	123
	$ 38,287	$ 30,000

Schedule 5

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007										2006 (Restated - Note 3)
		Expenses - Incurred by Others			Statutory Expenses		Valuation Adjustments				
Program	Expenses [1]	Accomo -dation Costs [2]	Legal Services [3]	Other	Cancer Research & Prevention Investment	Multi Provincial/ Territorial Assistance Program	Vacation Pay	HCIP Revenue Write-Offs [4]	Other Write-Offs	Total	Total
Regional Health Services	$ 6,111,038	$ 18,773	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,129,811	$ 5,585,965
Mental Health Innovation	24,440	-	-	-	-	-	-	-	-	24,440	24,999
Physician Services	2,047,485	-	-	-	-	-	-	-	-	2,047,485	1,757,453
Non-Group Health Benefits	622,295	-	-	-	-	-	-	-	-	622,295	586,546
Allied Health Services	77,501	-	-	-	-	-	-	-	-	77,501	74,457
Protection, Promotion, and Prevention	125,152	-	-	-	-	-	-	-	-	125,152	88,998
Human Tissue and Blood Services	131,160	-	-	-	-	-	-	-	-	131,160	118,684
Provincial Programs	332,068	-	-	-	-	-	-	-	-	332,068	330,932
Addiction Prevention and Treatment Services	92,644	8,077	176	137	-	-	1,132	-	52	102,218	85,138
Ministry Support Services	153,301	4,879	2,293	3,952	-	-	416	-	-	164,841	153,694
Health Information Systems	152,746	-	-	-	-	-	-	-	-	152,746	243,625
Infrastructure Support	760,089	-	-	-	-	-	-	-	-	760,089	503,904
Health Care Insurance Premiums Revenue Write-Offs [4]		-	-	-	-	-	-	46,437	-	46,437	47,047
Cancer Research & Prevention Investment	-	-	-	-	25,000	-	-	-	-	25,000	-
Multi Provincial/Territorial Assistance	-	-	-	-	-	1,656	-	-	-	1,656	-
Other Write-offs	-	-	-	-	-	-	-	-	632	632	533
	$ 10,629,919	$ 31,729	$ 2,469	$ 4,089	$ 25,000	$ 1,656	$ 1,548	$ 46,437	$ 684	$ 10,743,531	$ 9,601,975

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 7, allocated by square footage.

[3] Costs shown for Legal Services on Schedule 7, allocated by estimated costs incurred by each program.

[4] HCIP (Health Care Insurance Premium) Revenue Write-Offs relate to Premiums and Fees revenue. These costs cannot be reasonably allocated to the programs.

Schedule 6

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF EQUITY IN HEALTH AUTHORITIES & HEALTH BOARDS
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007	2006 (restated)
Opening Equity [1]	$ 436,864	$ 359,968
Transfers from Government Sector Entities	6,528,530	5,951,025
Other Income	1,137,110	980,002
Total Income	7,665,640	6,931,027
Total Expenses	7,591,285	6,854,131
Net Income/Increase in Equity for the year [1]	74,355	76,896
Equity in Health Authorities and Health Boards at end of year	$ 511,219	$ 436,864
Represented by		
Assets		
Cash and Temporary Investments	$ 560,087	$ 449,729
Due From Government Sector Entities	329,880	411,302
Investments	1,328,803	1,019,451
Tangible Capital Assets	4,066,414	3,492,320
Accounts Receivable and Other Assets	603,592	436,204
	$ 6,888,776	$ 5,809,006
Liabilities		
Accounts Payable and Accrued Liabilities	$ 632,799	$ 560,668
Debt Held by Government Sector Entities	165,508	71,136
Other Liabilities and Unmatured Debt	299,280	260,358
Deferred Contributions [2]	517,101	452,949
Deferred Capital Contributions [2]	1,281,092	985,236
Unamortized External Capital Contributions [2]	3,481,777	3,041,795
	$ 6,377,557	$ 5,372,142
Equity in Health Authorities and Health Boards at end of year	$ 511,219	$ 436,864

[1] The opening equity for 2005/2006 was adjusted to reflect incorrect reporting of tangible capital assets as externally funded instead of internally funded, resulting in a transfer from Unamortized External Capital Contributions to Investment in Capital Assets of $53 million. Also, the accounting for employee future benefits plan was retroactively adjusted for premium stabilization in excess of the liabilities of the various benefit plans.

	As Originally Reported	Adjustments	As Restated
Opening equity	$ 289,823	$ 70,145	$ 359,968
Net income	65,916	10,980	76,896
Total assets	6,110,529	(301,523)	5,809,006
Total liabilities	5,754,790	(382,648)	5,372,142

[2] Health Authorities and Health Boards follow the defer and match method of accounting. Restricted non-capital contributions are deferred and recognized as revenue when the related expenses are incurred. Deferred contributions represent restricted non-capital contributions which remain unspent. Capital contributions, including contributions from government sector entities, are recorded as deferred capital contributions until invested in tangible capital assets. Amounts invested are then transferred to unamortized external capital contributions and recognized as revenue when the related amortization expense of the tangible capital asset is recorded.

Department of Health and Wellness

Financial Statements

March 31, 2007

DEPARTMENT OF HEALTH AND WELLNESS

FINANCIAL STATEMENTS

March 31, 2007

Auditor's Report

Statement of Operations

Statement of Financial Position

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 - Revenues

Schedule 2 - Dedicated Revenue Initiatives

Schedule 3 - Expenses Directly Incurred Detailed by Object

Schedule 4 - Budget

Schedule 5 - Comparison of Expenses - Directly Incurred, Equipment/Inventory Purchases and Capital Investment by Element to Authorized Budget

Schedule 6 - Salaries and Benefits

Schedule 7 - Related Party Transactions

Schedule 8 - Allocated Costs

AUDITOR GENERAL *Alberta*

Auditor's Report

To the Minister of Health and Wellness

I have audited the statement of financial position of the Department of Health and Wellness as at March 31, 2007 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Department's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Department of Health and Wellness as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
June 11, 2007

DEPARTMENT OF HEALTH AND WELLNESS

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007		2006
	Budget (Schedule 4)	Actual	Actual (Restated - Note 3)
Revenues (Schedule 1)			
Internal Government Transfers	$ 387,803	$ 387,803	$ 345,291
Transfer from the Government of Canada	1,887,770	1,590,509	1,839,057
Investment Income	6,000	22,837	13,998
Premiums and Fees	905,050	951,210	921,123
Other Revenue	97,309	105,829	104,310
	3,283,932	3,058,188	3,223,779
Expenses - Directly Incurred (Note 2b(v) and Schedule 8)			
Voted (Schedules 3 and 5)			
Ministry Support Services	148,096	153,300	146,712
Health Services	9,398,589	9,623,886	8,795,937
Assistance to Alberta Alcohol and Drug Abuse Commission	91,903	91,903	72,316
Infrastructure Support	610,559	760,089	503,904
	10,249,147	10,629,178	9,518,869
Statutory (Schedules 3 and 5)			
Cancer Research and Prevention Investment	25,000	25,000	-
Multi Provincial/Territorial Assistance Program	-	1,656	-
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-Offs	41,363	46,437	47,047
Other Write-Offs	-	632	533
Provision for Vacation Pay	-	416	873
	66,363	74,141	48,453
	10,315,510	10,703,319	9,567,322
Net Operating Results	$ (7,031,578)	$ (7,645,131)	$ (6,343,543)

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2007

(in thousands)

	2007	2006 (Restated - Note 3)
ASSETS		
Cash	$ 12,047	$ 11,542
Accounts Receivable, Loans and Advances (Note 4)	211,763	200,450
Tangible Capital Assets (Note 5)	71,683	69,613
Consumable Inventory	16,374	11,019
	$ 311,867	$ 292,624
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 6)	$ 1,103,002	$ 744,965
Unearned Revenue (Note 7)	226,556	362,282
	1,329,558	1,107,247
NET LIABILITIES		
Net Liabilities at Beginning of Year	(814,623)	(432,229)
Net Operating Results	(7,645,131)	(6,343,543)
Net Transfer from General Revenues	7,442,063	5,961,149
Net Liabilities at End of Year	(1,017,691)	(814,623)
	$ 311,867	$ 292,624

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007	2006 (Restated - Note 3)
Operating Transactions		
Net Operating Results	$ (7,645,131)	$ (6,343,543)
Non-cash items:		
Amortization of Tangible Capital Assets (Schedule 3)	12,056	9,298
Health Care Insurance Premium Revenue Write-Offs	46,437	47,047
Other Write-Offs	632	533
Provision for Vacation Pay	416	873
Loss on Disposal of Tangible Capital Assets	9	-
	(7,585,581)	(6,285,792)
(Increase) Decrease in Accounts Receivable	(58,382)	353,331
(Increase) in Consumable Inventory	(5,355)	(5,404)
Increase in Accounts Payable and Accrued Liabilities	357,621	269,390
(Decrease) in Unearned Revenue	(135,726)	(276,987)
Cash (applied to) Operating Transactions	(7,427,423)	(5,945,462)
Capital Transactions		
Acquisition of Tangible Capital Assets	(14,135)	(12,048)
Cash (applied to) Capital Transactions	(14,135)	(12,048)
Investing Transactions		
Loans and Advances	-	3
Cash provided by Investing Transactions	-	3
Financing Transactions		
Net Transfer from General Revenues	7,442,063	5,961,149
Increase in Cash	505	3,642
Cash, Beginning of Year	11,542	7,900
Cash, End of Year	$ 12,047	$ 11,542

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2007

Note 1 Authority and Purpose

The Department of Health and Wellness (the "Department") operates under the authority of the *Government Organization Act*, Chapter G-10, Revised Statutes of Alberta 2000.

The purpose of the Department is to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders. The Department leads and supports a system for the delivery of quality health services and encourages and supports healthy living.

Through a leadership role, the Department sets direction, policy and provincial standards that ensure quality services and set priorities based on health needs, determines the scope of financial, capital and human resources required, and measures and reports on the performance of the system. The Department is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants.

(a) Reporting Entity

The reporting entity is the Department of Health and Wellness, which is part of the Ministry of Health and Wellness and for which the Minister of Health and Wellness is accountable.

Other entities reporting to the Minister are the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission, and the Health Quality Council of Alberta. The financial results of these organizations are not included in these financial statements.

The Ministry Annual Report provides a comprehensive accounting of the financial position and results of the Ministry's operations for which the Minister is accountable.

All departments of the Government of Alberta operate within the General Revenue Fund (the Fund). The Fund is administered by the Minister of Finance. All cash receipts of departments are deposited into the Fund and all cash disbursements made by departments are paid from the Fund. Net transfer from General Revenues is the difference between all cash receipts and all cash disbursements made.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

Internal government transfers are transfers between entities within the government reporting entity where the entity making the transfer does not receive any goods or services directly in return.

(iii) Transfers from Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria if any are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers entitlements and other transfers received before revenue recognition criteria have been met are included in accounts payable and accrued liabilities.

(iv) Dedicated Revenue

Dedicated revenue initiatives provide a basis for authorizing spending. Dedicated revenues are shown as credits or recoveries in the details of the Government Estimates for a supply vote.

If budgeted revenues are not fully realized, spending is reduced by an equivalent amount. If actual dedicated revenues exceed budget, the Department may, with the approval of the Treasury Board, use the excess revenue to fund additional expenses of the program. Schedule 2 discloses information on the Department's dedicated revenue initiatives.

(v) Expenses

Directly Incurred

Directly incurred expenses are those costs the Department has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(v) Expenses (continued)

- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Grants are recognized as expenses when authorized, eligibility criteria if any are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Department's operations are disclosed in Schedule 8.

(vi) Assets

Financial assets of the Department are limited to financial claims, such as advances to and receivables from other organizations, employees and other individuals as well as consumable inventories and bank balance established under the Health Care Insurance Plan.

Assets acquired by right are not included. Tangible capital assets of the Department are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. Amortization is only charged if the asset is in use. The threshold for capitalizing new systems development is $100,000 and the threshold for all other tangible capital assets is $5,000.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

(vii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(viii) Net Liabilities

Net liabilities represents the difference between the carrying value of assets held by the Department and its liabilities.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(ix) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of cash, accounts receivable, loans and advances, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short term nature of these instruments.

(x) Payments under Reciprocal and Other Agreements

The Department entered into agreements with other Provincial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these financial statements. Amounts paid and recovered under these agreements are disclosed in Note 10.

(xi) Measurement Uncertainty
(in thousands)

Measurement uncertainty exists when there is a variance between the recognized or disclosed amount and another reasonably possible amount. The nature of uncertainty, for Canada Health Transfers, can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information.

The allowance for doubtful accounts, in the amount of $128,627 (2006 - $129,760) reported in Note 4 is subject to measurement uncertainty. This is based on an aged analysis of the accounts receivable balance at March 31, 2007 and past collection patterns. This estimate in the past has resulted in a number that differs, on average from the final results by plus or minus 4%.

The accrual for claims payable to physicians in the amount of $98,848 (2006 - $36,438) is subject to measurement uncertainty. This includes an estimate of $36,000 (2006 - $0) for the settlement of the two year financial re-opener under the trilateral agreement between the Alberta Medical Association, the Regional Health Authorities and the Department. Also, this includes an estimate of $62,848 (2006 - $36,438) for the expected payments made subsequent to March 31, 2007 within the 180 days claim period. The $62,848 estimate in the past has resulted in a number that differs, on average from the final results by plus or minus 6%.

Note 3 Reporting Change
(in thousands)

The responsibilities for programs were transferred between the Department of Health and Wellness and the Department of Infrastructure and Transportation and the Department of Service Alberta.

As a result of these transfers, the comparatives for 2006 have been restated as if the Department of Health and Wellness had always been assigned its current responsibilities.

Net liabilities as previously reported at March 31, 2005	$ (433,471)
Transfer from Department of Infrastructure and Transportation[1]	1,242
Transfer to Department of Service Alberta[2]	-
Net liabilities as restated at March 31, 2005	$ (432,229)
Net operating results reported March 31, 2006	$ (6,123,696)
Net transfer from Department of Infrastructure and Transportation[1]	(223,486)
Transfer to Department of Service Alberta[2]	4,061
Other transfers	(422)
Restated net operating results March 31, 2006	$ (6,343,543)

(1) Responsibility for the Health Facilities Infrastructure program was transferred from the Ministry of Infrastructure and Transportation to the Ministry of Health and Wellness.

(2) In 2007, Service Alberta no longer bills the Department of Health and Wellness for certain services it did in 2006.

Note 4 Accounts Receivable, Loans and Advances
(in thousands)

	2007			2006
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value (Restated - Note 3)
Accounts Receivable	$ 337,140	$ 128,627	$ 208,513	$ 199,346
Amounts due from Health Authorities and Provincial Boards	281	-	281	93
Other Receivable	2,969	-	2,969	1,011
Accountable Advance	-	-	-	-
	$ 340,390	$ 128,627	$ 211,763	$ 200,450

Note 5 Tangible Capital Assets
(in thousands)

	2007			2006
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	5 - 10 years		
Historical Cost[1]				
Beginning of year	$ 1,555	$ 101,497	$103,052	$ 91,004
Additions	416	13,719	14,135	12,048
Disposals, including write-downs	(53)	-	(53)	-
	1,918	115,216	117,134	103,052
Accumulated Amortization				
Beginning of year	$ 199	$ 33,240	$ 33,439	$ 24,141
Amortization expense	189	11,867	12,056	9,298
Effect of disposals	(44)	-	(44)	-
	344	45,107	45,451	33,439
Net Book Value at March 31, 2007	$ 1,574	$ 70,109	$ 71,683	
Net Book Value at March 31, 2006	$ 1,356	$ 68,257		$ 69,613

[1] Historical cost includes work-in-progress at March 31, 2007 for computer hardware and software totaling $944 (2006 - $2,444).

Note 6 Accounts Payable and Accrued Liabilities
(in thousands)

	2007	2006 (Restated)
Accounts payable	$ 341,980	$ 225,123
Accrued liabilities	328,663	158,684
Amounts due to Health Authorities and Provincial Boards	425,989	355,188
Accrued vacation pay	6,370	5,970
	$ 1,103,002	$ 744,965

Note 7 Unearned Revenue
(in thousands)

Changes in unearned revenues are as follows:

	2007	2006
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 32,547	$ 31,661
Third Party Recoveries	17	37
	32,564	31,698
Less amounts recognized as revenue in the year	(168,290)	(308,685)
Decrease during the year	(135,726)	(276,987)
Balance at beginning of year	362,282	639,269
Balance at end of year	$ 226,556	$ 362,282
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 32,547	$ 31,661
Health Services for Persons with Hepatitis C	10,835	12,495
Third Party Recoveries	63	58
Wait Times Reduction Transfer	183,111	304,446
Public Health and Immunization Trust	-	13,622
	$ 226,556	$ 362,282

Note 8 Contractual Obligations
(in thousands)

As at March 31, 2007, the Department has the following contractual obligations:

	2007	2006 (Restated - Note 3)
Specific programs commitments [a]	$ 7,371,333	$ 8,325,370
Capital construction contracts	3,318,520	3,058,536
Service contracts	134,461	129,546
	$ 10,824,314	$ 11,513,452

[a] Included in 2007 specific programs commitments is an amount of $6,913,441 (2006 - $7,755,000) for the provision of insured medical services by physicians under the trilateral agreement signed between the Alberta Medical Association, the Regional Health Authorities and the Department of Health and Wellness.

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital Construction Contracts	Service Contracts	Total 2007
2008	$ 1,898,210	$ 1,064,169	$ 70,504	$ 3,032,883
2009	1,763,276	1,007,932	46,151	2,817,359
2010	1,820,944	579,914	16,735	2,417,593
2011	1,876,214	460,106	65	2,336,385
2012	11,502	206,399	65	217,966
Thereafter	1,187	-	941	2,128
	$ 7,371,333	$ 3,318,520	$ 134,461	$ 10,824,314

Canadian Blood Services (CBS)

The Government of Alberta is committed to provide funding to the CBS. This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

Note 8 Contractual Obligations (continued)
(in thousands)

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products.

During the year, payments to CBS amounted to $131,076 (2006 - $118,221). Budgeted expenditure for the 2008 fiscal year is $135,000.

Note 9 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity
(in dollars)

Hepatitis C

At March 31, 2007, the Department was named as defendant in 38 specific legal actions (2006 - 39 specific legal actions) relating to the Hepatitis C virus affected through the Canadian blood system. The total claimed in 27 specific legal actions approximates $79 million (2006 - 28 specific legal actions approximates $553.0 million). For the other 11 claims, no specified amount has yet been claimed (2006 – 11 claims have no specified amount); the amount of these claims will be determined at trial.

38 of these claims (2006 - 39 claims) are covered by the Alberta Risk Management Fund with 27 claims amounting to $79 million (2006 - 28 claims amounting to $553.0 million). Potential liability for these claims is shared by the Canadian Red Cross Society and the federal government. The resulting loss, if any, from these claims cannot be determined.

Federal, provincial and territorial governments have agreed to offer financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The financial package of $1.1 billion was national in scope. Alberta's share of the financial assistance package was estimated at $30.0 million, and the Department made a provision in 1999-2000 for its portion of the Hepatitis C assistance. At March 31, 2007, the unpaid balance of the Department's commitment to the financial assistance package was $10.9 million (2006 - $12.9 million).

Equity Agreements with Voluntary Hospital Owners

The Department has a contingent liability for buy-out of equity under Equity Agreements entered into between the Department and Voluntary Hospital Owners. The Department's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2007, the contingent payout liability upon termination is estimated at $12.8 million (2006 - $12.8 million).

Note 9 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity (in dollars) (continued)

Other Contingencies

At March 31, 2007, the Department was named as defendant in 25 other legal actions (2006 - 26 legal actions). 23 of these claims have specified amounts totaling $73.4 million (2006 - 24 claims with a specified amount of $62.3 million). Included in the total legal actions are 23 claims amounting to $62.8 million (2006 – 24 claims amounting to $52.3 million) in which the Department has been jointly named with other entities. 15 claims amounting to $47.0 million (2006 - 17 claims amounting to $48.1 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 8, CBS provides blood services in Alberta. CBS owns a captive insurer operating in Bermuda as CBS Insurance Company Limited ("CBSI"), which has issued a Primary Policy of insurance to CBS with a maximum limit of $250.0 million for the risks associated with the operation of the blood system. CBS also owns a captive insurer operating in British Columbia as Canadian Blood Services Captive Insurance Company Limited ("CBSE"), which has issued an Excess Policy of insurance to CBS with a maximum limit of $750.0 million. The Excess Policy follows form of the Primary Policy.

CBSE was capitalized in whole through funding from the provinces and territories (except Quebec), through a Captive Support Agreement dated September 26, 2007 ("CSA"), between the provinces, territories, and CBSE. Under the CSA, each of the provinces and territories provided their Pro Rata Share (as defined in the CSA) through an indemnity. Alberta's Pro Rata Share is 13.1% of CBSE's total capital amount, which amounts to $98.0 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The expense recognition criterion for the indemnity is notification from the CBS that the indemnity is required. At March 31, 2007, no amount has been recognized for this indemnity.

Note 10 Payments under Reciprocal and Other Agreements (in thousands)

The Department entered into agreements, under the Alberta Health Care Insurance Plan, with other Provincial Governments and the Workers' Compensation Board to provide health services on their behalf. The Department pays service providers for services rendered under the agreements and recovers the amount paid from other provinces and the Workers' Compensation Board. Service providers include Regional Health Authorities, Provincial Health Boards and physicians.

The Department also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level. In addition, the Department entered into agreements with Health Canada, the Workers' Compensation Board and other provincial governments and territories to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Department under authority of the *Financial Administration Act*, Section 25 (1).

Balances receivable from or payable to the Federal Government, other Provincial Governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

Note 10 Payments under Reciprocal and Other Agreements (continued)
(in thousands)

	2007				2006
	Western Health Information Collaborative	Other Provincial Government& WCB	Air Ambulance	Total	Total
Opening receivable (payable) balance	$ 207	$ 38,700	$ 992	$ 39,899	$ 45,042
Add: Payments made during the year	178	184,898	4,015	189,091	177,346
	385	223,598	5,007	228,990	222,388
Less: Collections received during the year	194	189,291	1,858	191,343	182,158
Less: Adjustments made during the year	-	-	16	16	331
Closing receivable (payable) balance	$ 191	$ 34,307	$ 3,133	$ 37,631	$ 39,899

Note 11 Defined Benefit Plans
(in thousands)

The Department participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Department also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $5,461 for the year ended March 31, 2007 (2006- $4,799).

At December 31, 2006 the Management Employees Pension Plan reported a deficiency of $6,765 (2005 - $165,895) and the Public Service Pension Plan reported a surplus of $153,024 (2005 – deficiency of $187,704). At December 31, 2006, the Supplementary Retirement Plan for Public Service Managers had a surplus of $3,698 (2005 - $10,018).

The Department also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2007, the Bargaining Unit Plan reported an actuarial surplus of $153 (2006 – actuarial deficiency of $8,699) and the Management, Opted Out and Excluded Plan an actuarial surplus of $10,148 (2006 - $8,309). The expense for these two plans is limited to the employer's annual contribution for the year.

Note 12 Comparative Figures

Certain 2006 figures have been reclassified to conform to the 2007 presentation.

Note 13 Approval of Financial Statements

The financial statements were approved by the Senior Financial Officer and the Deputy Minister.

Schedule 1

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2007		2006
	Budget (Schedule 4)	Actual	Actual (Restated - Note 3)
Internal Government Tranfers:			
Transfer from the Lottery Fund	$ 362,803	$ 362,803	$ 345,591
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	25,000	-
	387,803	387,803	345,291
Transfers from the Government of Canada			
Canada Health Transfer	1,743,895	1,449,757	1,543,749
Wait Times Reduction	121,335	121,335	62,908
Diagnostic/ Medical Equipment	-	-	49,690
Other Health Transfers	22,540	19,417	182,710
	1,887,770	1,590,509	1,839,057
Investment Income:	6,000	22,837	13,998
Premium Fees:			
Health care Insurance:			
Premiums before premium assistance	856,389	1,048,712	1,010,831
Less:			
Premium assistance under legislation	-	(143,558)	(135,101)
	856,389	905,154	875,730
Add:			
Penalties	25,481	20,694	21,212
Interest and miscellaneous	130	345	236
Health care insurance premiums, penalties and interest	882,000	926,193	897,178
Blue Cross:			
Premium before premium assistance	23,000	26,818	25,828
Less premium assistance	-	(1,991)	(1,960)
Blue Cross premiums	23,000	24,827	23,868
Total premiums	905,000	951,020	921,045
Other	50	190	78
	905,050	951,210	921,123
Other Revenue:			
Third party recoveries	77,500	78,925	69,129
Miscellaneous:			
Previous years' refunds of expenditure	1,500	695	14,324
Other	18,309	26,209	20,857
	97,309	105,829	104,310
Total revenues	$ 3,283,932	$ 3,058,188	$ 3,223,779

Schedule 2

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 2007

(in thousands)

	2007		
	Authorized Dedicated Revenues	Actual Dedicated Revenues[a]	(Shortfall) / Excess
Health Care Insurance Premiums [b]	$ 882,000	$ 926,193	$ 44,193
Non-Group Drug Benefits [c]	23,000	24,827	1,827
Primary Health Care Transition Fund (PHCTF) [d]	991	721	(270)
Hepatitis C - Medical Services [e]	3,400	1,660	(1,740)
PHCTF - Multi-Jurisdictional Health Lines [f]	1,140	584	(556)
Statistical Information [g]	200	23	(177)
Government Sponsored Drug Programs [h]	700	565	(135)
Chronic Disease Management [i]	1,727	1,622	(105)
Canada Health Infoway - Client Registry [j]	5,430	1,997	(3,433)
Canada Health Infoway - Provider Registry [k]	1,200	1,115	(85)
Canada Health Infoway - Interoperable Electronic Health Record [l]	3,450	2,604	(846)
Canada Health Infoway - Diagnostic Imaging [m]	18,300	18,300	-
Canada Health Infoway - Provincial Scheduler [n]	60	-	(60)
Alberta Immunization Strategy [o]	220	220	-
Diabetes Surveillance [p]	69	69	-
	$ 941,887	$ 980,500	$ 38,613

(a) Revenues from dedicated revenue initiatives are included in the Department's revenues in the Statement of Operations.

(b) Albertans contributed to the cost of health programs through Health Care Insurance Premiums. The levels of premiums paid by an individual or family are based on their ability to pay as defined by income. Seniors are provided coverage, but do not pay premiums. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification.

(c) Albertans can access public or private supplemental health insurance coverage. The Department provides Non-Group Blue Cross coverage on a premium basis for non-seniors. Seniors are provided coverage, but do not pay premiums. Expenses under the Non-Group Drug Benefits initiative represent the expenses incurred to provide Blue Cross services. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification.

Schedule 2 (continued)

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

(d) Health Canada is providing funding to support primary health care initiatives that will be undertaken by the province. Funding for this initiative is being used for Health Link, provincial coordination and capacity building with respect to implementing new primary health care models and administration of funds. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification. The actual dedicated revenue includes $647 thousand recovered from third paties and is being reported under the other revenue category in the Statement of Operations.

(e) Health Canada is providing funding for this initiative. The funding is being used to enhance existing health services to persons with chronic Hepatitis C virus infection in Alberta, regardless of the source of their infection. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification.

(f) Health Canada is providing funding for this project. This project is a collaborative effort among the western provinces and territories to support and further develop health lines across Canada, in five areas; evaluation, staff training, chronic disease management, promotion and marketing and coordination of other infrastructure supports, such as a business case guide. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification.

(g) The Department provides statistical information and reports to third party researchers and institutions. The revenue received is used to offset the costs to the department. The expenses associated with this initiative are included in the Statement of Operations under the Ministry Support Services expense classification.

(h) For new drugs to be considered for inclusion on the Department's Drug Benefit List, they must first receive approval from Health Canada for sale in Canada. Once approved, the drug is reviewed by the Alberta Health and Wellness Expert Committee on Drug Evaluation and Therapeutics. Discussions between the Department and the drug manufacturer are held to ensure the drug is used as intended. An agreement may be entered into with the drug manufacturer to fund specific studies or programs that contribute to the cost-effective use of medications provided through government sponsored drug plans. The funds are used by the department to conduct these studies and administer the programs. Expenses associated with this initiative are included in the Statement of Operations under the Health Services expense classification.

(i) This project is funded by Health Canada's Primary Health Care Transition Fund and involves the four western provinces with Alberta as the lead. This project includes the creation of data standards and the capacity to share this data electronically (via HL7 messaging standards) in support of clinical decision making for primary health care teams. Expenses associated with this initiative are included in the Statement of Operations under Ministry Support Services expense classification.

(j) This is a cost shared project with Canada Health Infoway. Funding is being used for the Provincial Client Registry which is an effective patient identification system that links diverse information sources within and across health organizations and jurisdictions and will provide the foundation for the Alberta Electronic Health Record. Expenses associated this initiative are included in the Statement of Operations under Health Services expense classification.

(k) Canada Health Infoway is providing funding to support the Provider Registry System (PRS). This is a collaborative effort by the four western provinces to develop, implement and maintain a common PRS. PRS provides the means to identify health providers, including those with multiple roles (e.g., doctor and pharmacist), in one or more of the western provinces (BC, Alberta, Saskatchewan and Manitoba). Expenses associated with this initiative are included in the Statement of Operations under Health Services expense classification.

Schedule 2 (continued)

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

(l) Canada Health Infoway is providing funding to support the enhancement of the Electronic Health Record (EHR). The Alberta EHR will bring together a registery for clients, health providers and delivery sites; pharmacy information network; diagnostic imaging test results; lab test results; and clinical text reports. One of the main components of the EHR will be a provincial viewer so health care professionals can see all core data on a patient at once, no matter where they are in the province. Expenses associated with this initiative are included in the Statement of Operations under Health Services expense classification.

(m) Canada Health Infoway is providing funding to successfully implement Diagnostic Imaging (DI) throughout Alberta. The goal of the project is to implement provincial DI standards, design an architectural model for DI, build an infrastructure capable of supporting the goal, decide on a governance / operational model and enable the integration of all DI providers. The benefits of a province-wide DI solution are many fold and include: quicker report turnaround times and reduced wait times by patients and physicians; substantial reduction / elimination of duplicate tests because of the availability / access to the original; ability to provide DI at remote locations; improved patient care with chronological history of DI exam results; accessible exam results to caregivers anywhere; increased physician productivity through immediate access to exam results; elimination of film developing and storage costs. Expenses associated with this initiative are included in the Statement of Operations under Health Services expense classification.

(n) Canada Health Infoway is providing funding for the Provincial Scheduler which provides a communication and coordination mechanism to better integrate telehealth programs throughout the province. The web-based scheduler allows resources to be booked, regardless of organizational boundaries. This initiative was cancelled for 2006-2007 fiscal year.

(o) Sanofi Pasteur is providing funding for Immunization strategies to make recommendations that will be used to reduce barriers to immunization and address public awareness related to immunization. Expenses associated with this initiative are included in the Statement of Operations under Ministry Support Services expense classification.

(p) Health Canada is providing funding to support the development of a National Diabetes Surveillance System. The department will use this funding to enhance its capacity for public health surveillance in the area of diabetes and its complications. Expenses associated with this initiative are included in the Statement of Operations under the Ministry Support Service expense classification.

Schedule 3

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF EXPENSES DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2007		2006
	Budget (Schedule 4)	Actual	Actual (Restated - Note 3)
Voted:			
Grants	$ 9,989,026	$ 10,413,758	$ 9,314,251
Supplies and Services	154,643	113,118	110,712
Salaries, Wages and Employee Benefits	58,975	63,631	59,754
Amortization of Tangible Capital Assets	13,400	12,056	9,298
Inventory Consumed	32,970	26,488	24,687
Other	133	127	167
Total Voted Expenses	$ 10,249,147	$ 10,629,178	$ 9,518,869
Statutory:			
Cancer Research and Prevention Investment	$ 25,000	$ 25,000	$ -
Multi Provincial/ Territorial Assistance Program	-	1,656	-
Valuation adjustments			
Health Care Insurance Premium Revenue Write-offs	41,363	46,437	47,047
Other Write-offs	-	632	533
Provision for Vacation Pay	-	416	873
	$ 66,363	$ 74,141	$ 48,453

Schedule 4

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2006 - 2007 Estimates [a]	Adjustment [b]	2006-2007 Budget	Authorized Supplementary [c]	2006 - 2007 Authorized Budget
Revenues:					
Internal Government Transfers	$ 387,803	$ -	$ 387,803	$ -	$ 387,803
Transfer from Government of Canada	1,887,770	-	1,887,770	-	1,887,770
Investment Income	6,000	-	6,000	-	6,000
Premiums and Fees	905,050	-	905,050	-	905,050
Other Revenue	97,309	-	97,309	-	97,309
	3,283,932	-	3,283,932	-	3,283,932
Expenses - Directly Incurred:					
Voted Operating Expenses					
Ministry Support Services	148,096	-	148,096	-	148,096
Health Services	9,398,589	-	9,398,589	271,300	9,669,889
Assistance to Alberta Alcohol and Drug Abuse Commission	91,903	-	91,903	-	91,903
Infrastructure Support	610,559	-	610,559	150,000	760,559
	10,249,147	-	10,249,147	421,300	10,670,447
Statutory Expenses					
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Multi Provincial/ Territorial Assistance Program	-	-	-	-	-
Valuation Adjustments					
Health Care Insurance Premiums Revenue Write-Offs	41,363	-	41,363	-	41,363
Other Write-Offs	-	-	-	-	-
Provision for Vacation Pay	-	-	-	-	-
	66,363	-	66,363	-	66,363
Total Expense	10,315,510	-	10,315,510	421,300	10,736,810
Net Operating Results	$ (7,031,578)	$ -	$ (7,031,578)	$ (421,300)	$ (7,452,878)
Equipment / Inventory Purchases	$ 43,544	$ -	$ 43,544	$ -	$ 43,544
Capital Investment	$ 32,056	$ -	$ 32,056	$ -	$ 32,056

[a] 2006-07 estimates include transfers of $3,220 for emerging capital purposes from Infrastructure and Transportation, pursuant to the Appropriation Act, 2006, section 5(1)(a). Also, the responsibility for the administration of the $35 unexpended balance of the Cabinet Policy Committee on Health and Community Living was transferred to the Department of Seniors and Community Supports as per O.C. 24/2007.

[b] Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, EIP and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

[c] Supplementary estimates were approved on September 8, 2006 and March 23, 2007. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act.*

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2007
(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2006/2007 Estimates [a]	Adjustment [b]	2006/2007 Budget	Authorized Supplementary [c]	2006/2007 Authorized Budget	2006/2007 Actual [d]	Unexpended (Over Expended)
Ministry Support Services							
1.0.1 Minister's Office	$ 509	$ -	$ 509	$ -	$ 509	$ 512	$ (3)
1.0.2 Deputy Minister's Office	428	-	428	-	428	612	(184)
1.0.3 Public Communications	1,490	-	1,490	-	1,490	1,605	(115)
1.0.4 Policy, Planning and Research Services	13,098	-	13,098	-	13,098	8,518	4,580
1.0.5 Public Health	20,130	-	20,130	-	20,130	16,113	4,017
1.0.6 Workforce Services	7,143	-	7,143	-	7,143	8,444	(1,301)
1.0.7 Corporate Support Services							
- Operating Expense	78,281	-	78,281	-	78,281	92,585	(14,304)
- Equipment / Inventory Purchases	-	-	-	-	-	912	(912)
1.0.8 Program Services							
- Operating Expense	20,270	-	20,270	-	20,270	21,239	(969)
- Equipment / Inventory Purchases	-	-	-	-	-	-	-
1.0.9 Health Facilities Review Committee	872	-	872	-	872	732	140
1.0.10 Health Quality Council of Alberta	3,000	-	3,000	-	3,000	840	2,160
1.0.11 Health Advisory and Appeal Services	2,798	-	2,798	-	2,798	2,025	773
1.0.12 Standing Policy Committee on Health and Community Living	77	-	77	-	77	75	2
Total Ministry Support Services	148,096	-	148,096	-	148,096	154,212	(6,116)
Health Services							
2.1 Physician Services							
2.1.1 Physician Compensation	1,633,233	-	1,633,233	147,000	1,780,233	1,762,404	17,829
2.1.2 On Call Programs	75,300	-	75,300	-	75,300	70,060	5,240
2.1.3 Physician Office System Program	20,600	-	20,600	-	20,600	55,169	(34,569)
2.1.4 Primary Care							
- Operating Expense	70,000	-	70,000	-	70,000	81,126	(11,126)
- Equipment / Inventory Purchases	-	-	-	-	-	-	-
2.1.5 Academic Alternate Relationship Plans	74,500	-	74,500	-	74,500	52,726	21,774
2.1.6 Rural Physician Action Plan	6,020	-	6,020	-	6,020	7,499	(1,479)
2.1.7 Clinical Stabilization	-	-	-	-	-	18,500	(18,500)
Total Physician Services	1,879,653	-	1,879,653	147,000	2,026,653	2,047,484	(20,831)

DEPARTMENT OF HEALTH AND WELLNESS

SCHEDULE TO FINANCIAL STATEMENTS

Comparision of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget

For the Year Ended March 31, 2007

(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2006/2007 Estimates [a]	Adjustment [b]	2006/2007 Budget	Authorized Supplementary [c]	2006/2007 Authorized Budget	2006/2007 Actual [d]	Unexpended (Over Expended)
2.2 Provincial Programs							
2.2.1 Non-Group Health Benefits	689,576	-	689,576	-	689,576	622,298	67,278
2.2.2 Allied Health Servies	82,930	-	82,930	-	82,930	77,501	5,429
2.2.3 Human Tissue and Blood Services							
- Operating Expense	21,700	-	21,700	-	21,700	21,160	540
- Operating Expense funded by Lotteries	110,000	-	110,000	-	110,000	110,000	-
2.2.4 Air Ambulance Services							
- Operating Expense	36,000	-	36,000	-	36,000	32,539	3,461
- Equipment / Inventory Purchases	-	-	-	-	-	-	-
2.2.5 Municipal Ambulance Program	55,000	-	55,000	-	55,000	54,990	10
2.2.6 Out-Of-Province Health Care Services	63,694	-	63,694	-	63,694	62,521	1,173
2.2.7 Health Information Systems							
- Operating Expense	167,083	-	167,083	12,300	179,383	152,746	26,637
- Equipment / Inventory Purchases	11,944	-	11,944	-	11,944	2,835	9,109
- Capital Investment	32,056	-	32,056	-	32,056	10,388	21,668
2.2.8 Health Services Research							
- Operating Expense	5,175	-	5,175	-	5,175	5,050	125
- Operating Expense funded by Lotteries	-	-	-	-	-	-	-
2.2.9 Support Programs	192,150	-	192,150	-	192,150	174,808	17,342
2.2.10 Support to the HQCA	-	-	-	-	-	2,160	(2,160)
Total Provincial Programs	1,467,308	-	1,467,308	12,300	1,479,608	1,328,996	150,612

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparision of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2007
(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2006/2007 Estimates [a]	Adjustment [b]	2006/2007 Budget	Authorized Supplementary [c]	2006/2007 Authorized Budget	2006/2007 Actual [d]	Unexpended (Over Expended)
2.3 Protection, Promotion and Prevention							
2.3.1 Vaccines and Sera							
- Operating Expense	37,094	-	37,094	-	37,094	42,291	(5,197)
- Equipment / Inventory Purchases	31,600	-	31,600	-	31,600	31,846	(246)
2.3.2 Public Health Laboratories	25,356	-	25,356	-	25,356	30,884	(5,528)
2.3.3 Aborigional Health Strategies							
- Operating Expenses	1,700	-	1,700	-	1,700	1,700	-
- Operating Expenses funded by Lotteries	-	-	-	-	-	-	-
2.3.4 Community based Health Services							
- Operating Expense	8,459	-	8,459	-	8,459	28,689	(20,230)
- Operating Expense funded by Lotteries	20,000	-	20,000	-	20,000	20,000	-
2.3.5 West Nile Virus Response	2,624	-	2,624	-	2,624	1,588	1,036
Total Protection, Promotion and Prevention	126,833	-	126,833	-	126,833	156,998	(30,165)
2.4 Regional Health Services							
2.4.1 Chinook Regional Health Authority	264,203	-	264,203	6,199	270,402	270,402	-
2.4.2 Palliser Health Region	148,491	-	148,491	3,736	152,227	152,227	-
2.4.3 Calgary Health Region	2,010,366	-	2,010,366	34,380	2,044,746	2,044,746	-
2.4.4 David Thompson Regional Health Authority	469,866	-	469,866	11,283	481,149	481,561	(412)
2.4.5 East Central Health	190,952	-	190,952	4,182	195,134	195,134	-
2.4.6 Capital Health	2,116,075	-	2,116,075	40,615	2,156,690	2,156,690	-
2.4.7 Aspen Regional Health Authority	207,058	-	207,058	5,439	212,497	212,497	-
2.4.8 Peace Country Health	192,261	-	192,261	4,597	196,858	204,858	(8,000)
2.4.9 Northern Lights Health Region	75,293	-	75,293	1,547	76,840	84,870	(8,030)
2.4.10 Alberta Mental Health Board	44,943	-	44,943	-	44,943	44,943	-
2.4.11 Alberta Cancer Board	255,887	-	255,887	22	255,909	263,109	(7,200)
2.4.12 Mental Health Innovation	25,000	-	25,000	-	25,000	24,440	560
Total Regional Health Services	6,000,395	-	6,000,395	112,000	6,112,395	6,135,477	(23,082)

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparision of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2007
(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2006/2007 Estimates [a]	Adjustment [b]	2006/2007 Budget	Authorized Supplementary [c]	2006/2007 Authorized Budget	2006/2007 Actual [d]	Unexpended (Over Expended)
Assistance to Alberta Alcohol and Drug Abuse Commission							
3.0.1 Operating Funds for Alberta Alcohol and Drug Abuse Commission							
- Operating Expense funded by Lotteries	82,803	-	82,803	-	82,803	82,803	-
3.0.2 Alberta Tobacco Reduction Strategy							
- Operating Expense	9,100	-	9,100	-	9,100	9,100	-
Total Assistance to Alberta Alcohol and Drug Abuse	91,903	-	91,903	-	91,903	91,903	-
Infrastructure Support							
4.0.1 Health Facilities Infrastructure							
- Operating Expense	460,559	-	460,559	-	460,559	460,089	470
- Operating Expense funded by Lotteries	150,000	-	150,000	-	150,000	150,000	-
4.0.2 Diagnostic Medical Equipment							
- Operating Expense	-	-	-	150,000	150,000	150,000	-
Total Infrastructure Support	610,559	-	610,559	150,000	760,559	760,089	470
Total Voted	$ 10,324,747	-	$ 10,324,747	$ 421,300	$ 10,746,047	$ 10,675,159	$ 70,888
Operating Expense	$ 9,886,344	-	$ 9,886,344	$ 421,300	$ 10,307,644	$ 10,266,375	$ 41,269
Operating Expense funded by lotteries	362,803	-	362,803	-	362,803	362,803	-
	10,249,147	-	10,249,147	421,300	10,670,447	10,629,178	41,269
Equipment/ Inventory Purchases	43,544	-	43,544	-	43,544	35,593	7,951
	10,292,691	-	10,292,691	421,300	10,713,991	10,664,771	49,220
Capital Investment	32,056	-	32,056	-	32,056	10,388	21,668
Total Voted - Operating, Equipment/Inventory Purchases & Capital Investment	$ 10,324,747	$ -	$ 10,324,747	$ 421,300	$ 10,746,047	$ 10,675,159	$ 70,888

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2007
(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2006/2007 Estimates [a]	Adjustments [b]	2006/ 2007 Budget	Authorized Supplementary [c]	2006/ 2007 Authorized Budget	2006/ 2007 Actual [d]	Unexpended (Over Expended)
Statutory Expenses							
Cancer Research and Prevention Investment	$ 25,000	$ -	$ 25,000	$ -	$ 25,000	$ 25,000	$ -
Multi Provincial/Territorial Assistance Program	-	-	-	-	-	1,656	(1,656)
Valuation Adjustments							
Health Care Insurance Premium Revenue Write-Offs	41,363	-	41,363	-	41,363	46,437	(5,074)
Other Write-Offs	-	-	-	-	-	632	(632)
Provision for Vacation Pay	-	-	-	-	-	416	(416)
Total Statutory Expenses and Valuation Adjustments	$ 66,363	$ -	$ 66,363	$ -	$ 66,363	$ 74,141	$ (7,778)

(a) 2006/07 estimates include transfers of $3,220 for emerging capital purposes from Infrastructure and Transportation, pursuant to the Appropriation Act, 2006, section 5(1)(a). Also, the responsibility for the administration of the $35 unexpended balance of the Cabinet Policy Committee on Health and Community Living was transferred to the Department of Seniors and Community Supports as per O.C. 24/2007.

(b) Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, EIP and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

(c) Supplementary estimates were approved on September 8, 2006 and March 23, 2007. Treasury Board approval is pursuant to section 24 (2) of the *Financial Administration Act.*

(d) Includes achievement bonus of $1,778,900.

Schedule 6

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2007

	2007				2006
	Base Salary [1]	Other Cash Benefits [2]	Other Non-cash Benefits [3]	Total	Total
Deputy Minister [4]	$ 219,633	$ 61,000	$ 45,895	$ 326,528	$ 284,303
Executives - Assistant Deputy Ministers					
Information Strategic Services [5]	131,667	25,789	31,717	189,173	186,000
Public Health [6]	188,448	59,138	7,991	255,577	198,574
Health Workforce	147,228	27,900	34,562	209,690	179,426
Program Services	149,412	28,314	36,713	214,439	193,274
Strategic Directions	155,700	30,323	36,294	222,317	204,150
Corporate Operations [7]	150,185	10,527	35,137	195,849	208,987
Executives - Other					
Executive Director, Human Resources	124,920	24,328	34,342	183,590	173,525

[1] Base Salary includes pensionable base pay.

[2] Other cash benefits include bonuses, vacation payments, overtime and lump sum payments.

[3] Other non-cash benefits include government's share of all employee benefits and contributions or payments made on behalf of employees including pension and supplementary retirement plan, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships and life-long learning.

[4] Automobile provided, no dollar amount is included in other non-cash benefits.

[5] The current incumbent was in an acting capacity effective April 15, 2005 and became the ADM of Information Strategic Services effective July 1, 2006

[6] The current incumbent does not participate in the government pension plan, salary includes a compensating amount for pension.

[7] This position was occupied by three individuals through the year. The incumbent terminated employment on July 31, 2006. The incumbent was in an acting capacity from July 17, 2006 to December 31, 2006. The current incumbent became the ADM of Corporate Operations effective January 2, 2007.

Schedule 7

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the department. Entities in the Ministry include the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission and the Health Quality Council of Alberta.

The Department and its employees paid or collected certain taxes and fees set by regulation for permits, licences and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

The Department had the following transactions with related parties recorded on the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related parties.

	Entities in the Ministry		Other Entities	
	2007	2006 (Restated - Note 3)	2007	2006 (Restated - Note 3)
Revenues				
Grants	$ -	$ -	$ 387,803	$ 345,291
Other	2,940	-	20	67
	$ 2,940	$ -	$ 387,823	$ 345,358
Expenses - Directly Incurred				
Grants	$ 7,431,380	$ 6,669,649	$ 114,962	$ 39,491
Other Services	-	-	8,018	37,781
	$ 7,431,380	$ 6,669,649	$ 122,980	$ 77,272
Tangible Capital Assets Transferred	$ -	$ -	$ -	$ 141
Receivable from	$ 281	$ 93	$ 11	$ 50
Payable to	$ 425,989	$ 355,188	$ 12,267	$ 15,194

The Department receives services under contracts managed by Service Alberta. Any commitments under these contracts are reported by Service Alberta.

The Department also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the financial statements.

	Entities in the Ministry		Other Entities	
	2007	2006	2007	2006 (Restated - Note 3)
Expenses - Incurred by Others				
Accommodation	$ -	$ -	$ 4,879	$ 3,885
Legal	-	-	2,293	1,927
Other	-	-	3,952	123
	$ -	$ -	$ 11,124	$ 5,935

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2007
(in thousands)

	2007										2006
		Expenses - Incurred by Others			Statutory		Valuation Adjustments				(Restated - Note 3)
	Expenses [1]	Accommo-dation Costs [2]	Legal Services [3]	Other	Cancer Research & Prevention Investment	Multi Provincial/ Territorial Assistance Program	Health Care Insurance Premiums Revenue Write-Offs	Other Write-Offs	Vacation Pay	Total	Total
Ministry Support Services	$ 153,300	$ 4,879	$ 2,293	$ 3,952	$ -	$ -	$ -	$ -	$ 416	$ 164,840	$ 153,521
Health Services	9,623,886	-	-	-	-	-	-	-	-	9,623,886	8,795,936
Assistance to Alberta Alcohol and Drug Abuse Commission	91,903	-	-	-	-	-	-	-	-	91,903	72,316
Infrastructure Support	760,089	-	-	-	-	-	-	-	-	760,089	503,904
Health Care Insurance Premiums Revenue Write-Offs [4]	-	-	-	-	-	-	46,437	-	-	46,437	47,047
Cancer Research and Prevention Investment	-	-	-	-	25,000	-	-	-	-	25,000	-
Multi Provincial/Territorial Assistance Program	-	-	-	-	-	1,656	-	-	-	1,656	-
Other Write-Offs	-	-	-	-	-	-	-	632	-	632	533
	$ 10,629,178	$ 4,879	$ 2,293	$ 3,952	$ 25,000	$ 1,656	$ 46,437	$ 632	$ 416	$ 10,714,443	$ 9,573,257

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 7, allocated by square footage.

[3] Costs shown for Legal Services on Schedule 7, allocated by estimated costs incurred by each program.

[4] Health Care Insurance Premium Revenue Write-Offs relate to Premiums and Fees revenue. These costs cannot be reasonably allocated to other programs of the department.

Alberta Alcohol and Drug Abuse Commission

Financial Statements

March 31, 2007

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2007

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Cash Flows

Notes to the Financial Statements

Schedule of Revenues - Schedule 1

Schedule of Expenses by Object and Core Business – Schedule 2

Schedule of Allocated Costs – Schedule 3

AUDITOR GENERAL *Alberta*

Auditor's Report

To the Members of the Alberta Alcohol and Drug Abuse Commission

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission as at March 31, 2007 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fred J. Dunn FCA
Auditor General

Edmonton, Alberta
May 18, 2007

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2007

(In thousands)

	2007	2006
ASSETS		
Current Assets:		
Cash (Note 3)	$ 16,122	$ 10,074
Accounts Receivable	1,535	1,028
Inventory	446	329
Prepaid Expenses	20	26
	18,123	11,457
Tangible Capital Assets (Note 4)	899	476
	$ 19,022	$ 11,933
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts Payable	$ 7,369	$ 4,651
Accrued Vacation Pay	4,775	3,643
Deferred Contributions (Note 7)	296	267
Unearned Revenue	15	34
	12,455	8,595
Accumulated Surplus:		
At beginning of year	3,338	3,220
Net operating results	3,229	118
At end of year	6,567	3,338
	$ 19,022	$ 11,933

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007 Budget (Note 9)	2007 Actual	2006 Actual
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	$ 91,903	$ 91,903	$ 72,816
Fees	1,538	1,524	1,529
Investment Income	388	1,019	544
Other	838	2,611	2,699
	94,667	97,057	77,588
Expenses – Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Adult Residential and Special Services	37,298	39,248	35,926
Outpatient, Prevention and Youth Services	39,508	35,502	26,838
Research, Information and monitoring	12,054	12,949	10,802
Administration	5,807	6,129	3,904
	94,667	93,828	77,470
Net operating results	$ -	$ 3,229	$ 118

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007	2006
Operating Activities:		
Net operating results	$ 3,229	$ 118
Add non-cash charges:		
Amortization of capital assets	226	192
	3,455	310
Increase/(Decrease) in non-cash working capital	3,241	(997)
Cash provided/(used) by operating activities	6,696	(687)
Investing activities:		
Acquisition of capital assets	(648)	(119)
Net cash provided/(used)	6,048	(806)
Cash at beginning of year	10,074	10,880
Cash at end of year	$ 16,122	$ 10,074

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2007

Note 1 Authority and Purpose

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of *the Alcohol and Drug Abuse Act, Chapter A-38*, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the harmful effects of alcohol, other drugs, tobacco and gambling problems. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices

The recommendations of the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants are the primary source for the disclosed basis of accounting. These financial statements are prepared in accordance with the following accounting policies that have been established by government for all departments.

(a) Revenue Recognition

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations.

Incurred by Others

Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

(c) Inventory

Inventory is valued at the lower of cost and replacement cost with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at historical cost net of accumulated amortization. The threshold for capitalizing assets is $5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	- 10 years straight-line
Computer equipment and software	- 3 years straight-line

(e) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of accounts receivable, accounts payable, and accrued liabilities are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(f) Financial Instruments

The Commission's financial instruments consist of cash, accounts receivable, accounts payable, and amounts due to related parties. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Note 3 Cash
(In thousands)

Cash consists of deposits in the Consolidated Cash Investment Trust Fund (Fund) of the Province of Alberta. The Fund is managed with the objective of providing competitive interest income to depositors while maintaining appropriate security and liquidity of depositors' capital. The portfolio is comprised of high quality short-term and mid-term fixed income securities with a maximum term to maturity of three years. As at March 31, 2007, securities held by the Fund have an average effective market yield of 4.36% per annum (March 31, 2006: 3.96% per annum).

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of $1,019 (2006 $544) was earned during the year on this account and is reflected in the financial statements.

Due to the short-term nature of these deposits, the carrying value approximates fair value.

Note 4 Tangible Capital Assets
(In thousands)

Capital assets consist of the following:

	2007			2006
	Equipment	Computer Hardware and software	Total	Total
Estimated Useful Life	10 Years	3 Years		
Historical Cost				
Beginning of Year	$ 331	$ 891	$ 1,222	$ 1,110
Additions	49	599	648	119
Disposals, including write-Downs	(8)	-	(8)	(7)
	$ 372	$ 1,490	$ 1,862	$ 1,222
Accumulated Amortization				
Beginning of Year	$ 157	$ 589	$ 746	$ 561
Amortization Expense	32	194	226	192
Effect of disposals	(9)	-	(9)	(7)
	180	783	963	$ 746
Net book value at March 31,2007	$ 192	$ 707	$ 899	
Net book value at March 31,2006	$ 174	$ 302		$ 476

Note 5 Contractual Obligations
(In thousands)

(a) The Commission leases certain vehicles and equipment under operating leases that expire on various dates through to January 31, 2011. The aggregate amounts payable for the unexpired terms of these leases are as follows:

2008	$ 152
2009	$ 126
2010	$ 71
2011	$ 80

(b) The Commission has certain contractual obligations for contracts, which extend into 2008. The value of the contractual obligation is $537 in 2008.

Note 6 Contingent Liabilities
(In thousands)

At March 31, 2007, The Commission is a defendant in three legal claims (2006 - two claims $470). The specified amount of two of the claims remains at $470. The resulting loss, if any, from these claims cannot be determined. The loss on the third claim is estimated at $229 and has been recorded in the financial statements.

Note 7 Deferred Contributions
(In thousands)

Deferred contributions consist of unexpended funds from donations to the Memorial Trust. These are externally restricted contributions to be used to supplement the work of the Commission in the areas of research and education and to acquire capital assets. Changes in deferred contributions are as follows:

	2007	2006
Donations	$ 17	$ 19
Interest Earned	12	8
Transferred to Revenue	-	(115)
Increase/(Decrease) during the year	29	(88)
Balance at beginning of year	267	355
Balance at end of year	$ 296	$ 267

Note 8 Defined Benefit Plans
(In thousands)

The Commission participates in the multi-employer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $3,234 for the year ended March 31, 2007 (2006 – $2,650) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2006, the Management Employees Pension Plan reported a deficiency of $6,765 (2005 – $165,895) and the Public Service Pension Plan reported a surplus of $153,024 (2005 – deficiency of $187,704). At December 31, 2006, the Supplementary Retirement Plan for Public Service Managers had a surplus of $3,698 (2005 – $10,018).

Note 9 Approvals

(a) Budget

The budget amounts shown on the statement of operations agree with the 2006/07 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Commission board members approved these budgets on April 19, 2006.

(b) Financial Statements

These financial statements and accompanying notes were approved on June 22 nd, 2007 by the Commission board members.

Note 10 Related Party Transactions
(In thousands)

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.
For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes only the Department of Health and Wellness, and "Other Entities".

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

	Entities in the Ministry		Other Entities	
	2007	2006	2007	2006
Revenues:				
Grants	$ 91,903	$ 72,816	$ -	$ -
Fees & Charges	814	825	587	853
	$ 92,717	$ 73,641	$ 587	$ 853
Expenses:				
Other Services	$ 1,190	$ 319	$ 774	$ 1,248
Receivables from	$ 186	$ 197	$ 380	$ 110
Payables to	$ 73	$ 58	$ 204	$ 73

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2007	2006	2007	2006
Expenses:				
Legal Fees	$ -	$ -	$ 176	$ 47
Other			137	-
Accommodation	-	-	8,077	7,794
	$ -	$ -	$ 8,390	$ 7,841

Note 11 Federal/Provincial Cost Sharing Agreements
(In thousands)

The Province of Alberta recovers part of its contributions to the Commission from the Government of Canada under the Alcohol and Drug Treatment and Rehabilitation (ADTR) agreement and records this recovery in the financial statements of the Department of Health and Wellness. The ADTR claim relating to the Commission's activities for the year ended March 31, 2007 amounts to approximately $1,415 (2006 $1,415).

Note 12 Salaries, Wages, Benefits and Allowances
(In thousands)

	2007				2006
	Base Salary [a]	Other Cash Benefits [b]	Other Non-cash Benefits [c]	Total	Total
Chairman of the Board	$ 18	$ -	$ -	$ 18	$ 18
Board Members [d]	56	-	-	56	38
President & Chief Executive Officer [e]	166	18	8	192	191
Vice President, AADAC [f]	28	-	5	33	208
Vice President, Corporate Services Division	147	22	34	203	183
Vice President, Community Services Division	145	22	32	199	175
Vice President, Provincial Services Division [g]	137	-	26	163	176

(a) Base Salary includes pensionable base pay.
(b) Other cash benefits include bonuses, vacation payments, overtime, lump sum payments and honoraria.
(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension and supplementary retirement plan, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships, tuition and conference fees.
(d) There were ten Board members in both years.
(e) Automobile provided, no dollar amount included in other non-cash benefits figures.
(f) The Vice President, AADAC has retired and position eliminated in May 2006. Salaries disclosed are for members of the senior decision making group.
(g) The Vice President, Provincial Services has been terminated and subsequently replaced during the year. Salaries disclosed are for members of the senior decision making group.

Schedule 1

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF REVENUES

FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007		2006
	Budget	Actual	Actual
Internal government transfers:			
Department of Health and Wellness	$ 91,903	$ 91,903	$ 72,816
Premiums, Fees and Licenses:			
Fees:			
Clients	1,538	1,524	1,529
Investment Income (Note 3)	388	1,019	544
Other:			
Donations	-	14	21
Publications	40	38	23
Miscellaneous - Contracted Services	756	1,898	2,509
- Sundry & Miscellaneous at Residential sites	42	96	137
- Risk Management Recovery	-	565	-
- General	-	-	9
	838	2,611	2,699
Total revenues	$ 94,667	$ 97,057	$ 77,588

Schedule 2

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT and CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007		2006
EXPENSES BY OBJECT	**Budget**	**Actual**	**Actual**
Manpower:			
Salaries	$ 39,779	$ 38,386	$ 32,770
Employer contributions	7,199	7,080	6,043
Wages	3,676	4,057	3,604
Allowances and benefits	1,724	1,303	617
	52,378	50,826	43,034
Grants:			
Direct financial assistance to agencies [(a)]	16,402	18,231	15,759
Other:			
Professional, technical, and labor service	16,649	14,576	9,046
Materials and supplies	3,812	4,032	3,289
Travel and relocation	1,879	1,649	1,610
Advertising	1,529	2,085	2,688
Purchased services - other	623	656	507
Telephones	492	509	415
Rentals	456	408	427
Amortization	138	226	192
Voluntary separation payments	-	214	50
Hosting	83	88	67
Freight and postage	98	79	65
Board members' fees	18	74	56
Repair and maintenance	60	70	250
Bad debts (recovery)	-	52	(37)
Insurance	50	51	50
Other operating expenses	-	2	2
	25,887	24,771	18,677
	$ 94,667	$ 93,828	$ 77,470

Schedule 2 (continued)

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF EXPENSES BY OBJECT and CORE BUSINESS

FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007		2006
EXPENSES BY CORE BUSINESS	**Budget**	**Actual**	**Actual**
Core Business:			
Treatment	$ 59,895	$ 60,685	$ 48,459
Information	18,972	19,223	15,656
Prevention	15,800	13,920	13,355
	$ 94,667	$ 93,828	$ 77,470

(a) For the years ended March 31, 2007 and 2006, direct financial assistance was given to 38 not-for-profit organizations operating at arms-length from the Commission.

Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF ALLOCATED COSTS

FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007					2006
		Expenses Incurred by Others				
	Expenses [a]	Legal Fees [b]	Others [c]	Accommodation costs [d]	Total Expenses	Total Expenses
Programs:						
Adult Residential & Special Services	$ 39,248	$ -	-	$ 3,379	$ 42,627	$ 39,539
Outpatient, Prevention and Youth Services	35,502	-	-	3,075	38,577	29,538
Research, Information & Monitoring	12,949	-	-	1,121	14,070	11,889
Administration	6,129	176	137	502	6,944	4,345
	$ 93,828	$ 176	$ 137	$ 8,077	$ 102,218	$ 85,311

[a] Expenses – Directly Incurred as per Statement of Operations including Accrued Vacation pay adjustment.

[b] Cost shown for Legal Services in Note 10, allocated by estimated cost incurred by each program.

[c] Cost shown for others in Note 10 includes $20k for Internal Audit Fee, allocated by estimated cost unbilled by Service Alberta.

[d] Costs shown for Accommodation (includes grants in lieu of taxes) in Note 10, allocated by square footage.

Unaudited Information

Ministry of Health and Wellness

Unaudited Information

MINISTRY OF HEALTH AND WELLNESS

STATEMENT OF REMISSIONS, COMPROMISES AND WRITE-OFFS

FOR THE YEAR ENDED MARCH 31, 2007

(UNAUDITED)
(in thousands)

	2007	2006
Remissions:		
Third Party Recoveries	$ 258	$ -
Compromises:		
Health Care Insurance Premiums	387	137
Write-offs:		
Health Care Insurance Premiums	42,673	66,301
Medical Claim Recoveries	1,625	1,371
Penalties, Interest and Miscellaneous Charges	1,061	1,019
Total Remissions, Compromises and Write-offs	$ 46,004	$ 68,828

The above statement has been prepared pursuant to Section 23 of the *Financial Administration Act*. The statement includes all remissions, compromises and write-offs made or approved during the fiscal year.

Health Authority
2006/2007 Financial Statement Highlights

Health Authority financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles (GAAP) and Alberta Health and Wellness' Financial Directives.

This section, compiled from the health authorities' audited financial statements, highlights the financial results of the nine regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board for the fiscal year ended March 31, 2007. Financial results of the Health Quality Council of Alberta were not available when this summary was prepared.

All 11 health authorities received an unqualified audit opinion as at March 31, 2007.

Operating Results

- For fiscal year 2006/2007, the health authorities reported a total operating surplus of $53.7 million. This compares to a prior year surplus of $71.4 million. Of the 11 health authorities, six reported total deficits of $22.3 million and five reported total surpluses of $76.0 million.
- Total 2006/2007 expense was $7.6 billion, compared to $6.9 billion in the prior year – a 10.7 per cent increase, of which 6.0 per cent related to salaries. A total of 54,913 Full Time Equivalents were employed by the health authorities in the year.
- Total administration costs in 2006/2007 were $270.9 million, or 3.6 per cent of health authority expenditures of $7.6 billion. This compares to total administration costs in 2005/2006 of $222.9 million, or 3.3 per cent of health authority expenditures of $6.9 billion.

Financial Position

- The health authorities reported total net assets of $509 million as at March 31, 2007, an increase of $72.8 million from the prior year.
- Total health authority long-term debt at March 31, 2007 was $155.7 million, up from $69.1 million at March 31, 2006. No health authorities have exceeded their authorized borrowing limits.
- The health authorities reported total capital assets of $4.1 billion at March 31, 2007, up from $3.5 billion in the prior year.

Additional Information

- Copies of the health authorities' audited financial statements form Section II of the Ministry Annual Report.

TABLE I

HEALTH AUTHORITY SUMMARY
ANALYSIS OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	2006/2007 BUDGET	2006/2007 ACTUAL	% OF TOTAL	2005/2006 ACTUAL	% OF TOTAL	CHANGES FROM 2006/07 TO 2005/06 $	%
REVENUE							
Alberta Health and Wellness contributions	6,431,459	6,426,870	84.1%	5,865,140	84.7%	561,730	9.6%
Other government contributions	97,534	98,197	1.3%	93,358	1.3%	4,839	5.2%
Fees and charges	483,212	485,940	6.4%	457,478	6.6%	28,462	6.2%
Ancillary operations, net	18,704	15,741	0.2%	17,128	0.2%	(1,387)	(8.1%)
Donations	25,611	17,252	0.2%	16,458	0.2%	794	4.8%
Research and education	49,130	71,718	0.9%	50,520	0.7%	21,198	42.0%
Investment and other income	234,726	300,435	3.9%	223,296	3.2%	77,139	34.5%
Amortized external capital contributions	229,436	226,195	3.0%	202,151	2.9%	24,044	11.9%
TOTAL REVENUE	7,569,812	7,642,348	100.0%	6,925,529	100.0%	716,819	10.4%
EXPENSE							
Facility-based inpatient acute nursing services	1,948,451	1,916,663	25.3%	1,751,619	25.6%	165,044	9.4%
Facility-based emergency and outpatient services	892,015	896,226	11.8%	795,612	11.6%	100,614	12.6%
Facility-based continuing care services	643,909	654,106	8.6%	593,955	8.7%	60,151	10.1%
Ground ambulance discovery project	15,897	16,865	0.2%	16,033	0.2%	832	5.2%
Community-based care	332,128	321,508	4.2%	275,624	4.0%	45,884	16.6%
Home care	292,628	284,385	3.8%	267,863	3.9%	16,522	6.2%
Diagnostic & therapeutic services	1,407,819	1,389,819	18.3%	1,284,002	18.7%	105,817	8.2%
Promotion, prevention and protection services	243,958	222,693	2.9%	208,199	3.0%	14,494	7.0%
Research and education	207,843	208,244	2.7%	167,084	2.4%	41,160	24.6%
Administration	262,864	270,935	3.6%	222,900	3.3%	48,035	21.6%
Information technology	173,938	185,683	2.5%	138,620	2.0%	47,063	34.0%
Support services	1,077,811	1,096,066	14.4%	1,011,883	14.8%	84,183	8.3%
Amortization of facilities and improvements	123,528	125,478	1.7%	114,258	1.7%	11,220	9.8%
Capital assets write down	-	-	0.0%	6,479	0.1%	(6,479)	(100.0%)
TOTAL EXPENSE	7,622,789	7,588,671	100.0%	6,854,131	100.0%	734,540	10.7%
Excess (deficiency) of revenue over expense	(52,977)	53,677		71,398		(17,721)	

Financial results of the Health Quality Council of Alberta were not available when this summary was prepared.

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	280,797	281,008	259,866	161,891	161,891	149,488	2,177,313	2,187,700	1,997,855	493,786	495,800	455,905
Other government contributions	4,582	4,156	4,382	2,742	2,742	3,768	25,581	30,268	24,403	10,732	10,094	10,052
Fees and charges	18,502	17,881	17,637	15,426	16,858	16,091	154,789	158,271	143,885	31,255	32,874	32,189
Ancillary operations, net	405	426	361	194	229	266	9,444	7,556	8,129	343	372	410
Donations	286	280	278	300	321	295	7,099	7,398	6,898	751	1,347	929
Research and education	-	-	-	-	-	-	-	-	-	-	-	-
Investment and other income	8,604	10,377	7,565	3,007	4,765	3,150	94,743	113,354	84,270	9,898	13,175	14,779
Amortized external capital contributions	12,084	12,395	11,464	5,354	5,467	5,505	73,194	69,502	64,185	26,133	27,271	24,843
TOTAL REVENUE	325,260	326,523	301,553	188,914	192,273	178,563	2,542,163	2,574,049	2,329,625	572,898	580,933	539,107
EXPENSE												
Facility-based inpatient acute nursing services	76,200	75,754	70,229	47,135	47,933	44,876	737,994	723,273	665,354	147,394	151,438	143,984
Facility-based emergency and outpatient services	18,723	18,479	18,894	10,886	10,901	9,846	336,008	337,006	298,864	39,018	40,182	37,003
Facility-based continuing care services	36,463	36,253	35,055	23,349	23,517	22,481	175,877	186,112	165,972	63,088	63,482	56,724
Ground ambulance discovery project	-	-	-	4,397	4,403	4,395	-	-	-	-	-	132
Community-based care	23,959	24,058	19,514	6,349	6,485	5,623	101,162	96,745	85,485	18,209	17,611	15,750
Home care	15,909	16,173	15,359	8,414	8,612	7,882	108,570	104,380	99,103	22,998	23,515	22,119
Diagnostic & therapeutic services	57,365	57,719	51,671	33,845	34,001	31,849	479,962	470,037	445,564	99,550	97,541	93,828
Promotion, prevention and protection services	12,293	12,834	12,918	5,531	5,541	5,236	63,451	63,007	56,388	19,368	18,316	18,225
Research and education	-	-	-	-	-	-	37,736	37,567	30,782	395	443	454
Administration	13,145	13,856	12,457	7,540	8,042	7,301	86,139	90,769	67,504	27,212	27,120	25,477
Information technology	10,344	9,143	5,990	5,929	5,707	3,379	59,536	68,837	50,114	16,211	16,170	12,694
Support services	49,135	49,265	47,831	33,404	34,281	32,761	351,767	365,212	324,454	110,306	109,518	103,264
Amortization of facilities and improvements	7,946	7,771	8,130	2,880	2,918	2,828	35,856	36,674	32,413	17,759	17,616	14,082
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	6,479
TOTAL EXPENSE	321,482	321,305	298,048	189,659	192,341	178,457	2,574,058	2,579,619	2,321,997	581,508	582,952	550,215
Excess (deficiency) of revenue over expense	3,778	5,218	3,505	(745)	(68)	106	(31,895)	(5,570)	7,628	(8,610)	(2,019)	(11,108)

TABLE II

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	EAST CENTRAL HEALTH AUTHORITY			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	202,083	204,083	187,661	2,252,650	2,254,322	2,060,586	223,093	224,839	203,665	219,500	216,322	192,210
Other government contributions	4,060	1,784	3,857	43,827	43,499	40,610	1,291	1,150	1,372	900	694	887
Fees and charges	19,707	19,752	19,586	186,083	182,995	173,311	22,675	23,402	22,077	19,000	19,356	18,963
Ancillary operations, net	49	36	50	6,301	5,607	6,002	245	240	291	1,000	727	836
Donations	-	207	178	-	-	-	350	533	354	1,200	566	465
Research and education	-	-	-	35,367	38,433	37,828	-	-	-	-	-	-
Investment and other income	2,707	4,457	2,964	83,509	110,191	76,189	6,621	7,874	6,378	4,600	7,655	5,877
Amortized external capital contributions	5,438	6,214	4,927	70,500	67,112	55,388	7,891	8,403	7,891	10,000	10,455	9,842
TOTAL REVENUE	234,044	236,533	219,223	2,678,237	2,702,159	2,449,914	262,166	266,441	242,028	256,200	255,775	229,080
EXPENSE												
Facility-based inpatient acute nursing services	39,535	39,544	37,998	746,031	726,937	652,019	38,100	38,855	35,124	55,800	56,285	49,469
Facility-based emergency and outpatient services	9,029	9,492	8,966	323,973	329,623	290,214	22,859	22,283	22,331	21,100	22,155	17,575
Facility-based continuing care services	40,631	41,439	39,440	243,351	244,790	221,072	33,165	31,056	28,915	23,400	22,641	19,662
Ground ambulance discovery project	-	-	-	-	-	-	-	-	-	11,500	12,433	11,484
Community-based care	8,805	9,264	8,309	101,852	102,289	86,450	15,317	15,323	13,647	11,500	9,867	6,853
Home care	20,211	20,746	20,160	81,875	78,376	74,254	14,216	13,546	12,980	16,500	15,827	13,074
Diagnostic & therapeutic services	36,026	34,206	33,147	498,726	497,206	449,254	49,523	49,302	44,728	46,600	46,665	40,785
Promotion, prevention and protection services	6,979	6,212	6,044	70,503	67,936	68,122	11,181	11,061	10,364	11,300	11,635	10,295
Research and education	-	-	20	124,847	115,704	105,312	-	-	-	100	25	25
Administration	15,852	15,231	13,721	67,063	66,888	56,204	10,934	10,913	10,527	11,800	13,162	10,893
Information technology	4,110	6,389	2,642	50,434	50,891	41,431	4,837	6,038	3,960	4,400	5,279	4,307
Support services	48,766	47,642	46,323	335,533	331,188	318,367	55,419	59,007	52,945	43,100	45,225	39,985
Amortization of facilities and improvements	3,932	3,784	3,593	34,049	35,240	32,733	5,229	5,215	5,190	7,000	7,420	6,894
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	233,876	233,949	220,363	2,678,237	2,647,068	2,395,432	260,780	262,599	240,711	264,100	268,619	231,301
Excess (deficiency) of revenue over expense	168	2,584	(1,140)	-	55,091	54,482	1,386	3,842	1,317	(7,900)	(12,844)	(2,221)

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH AUTHORITY TOTAL		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	87,088	87,965	72,023	46,695	46,507	42,944	286,563	266,433	242,937	6,431,459	6,426,870	5,865,140
Other government contributions	778	1,504	1,267	96	119	2	2,945	2,187	2,758	97,534	98,197	93,358
Fees and charges	8,388	8,065	6,914	-	-	-	7,387	6,486	6,825	483,212	485,940	457,478
Ancillary operations, net	(52)	(88)	(90)	-	-	-	775	636	873	18,704	15,741	17,128
Donations	235	399	256	100	38	75	15,290	6,163	6,730	25,611	17,252	16,458
Research and education	-	-	-	-	-	-	13,763	33,285	12,692	49,130	71,718	50,520
Investment and other income	1,357	2,279	1,541	562	1,056	721	19,118	25,252	19,862	234,726	300,435	223,296
Amortized external capital contributions	5,540	5,863	5,155	24	23	74	13,278	13,490	12,877	229,436	226,195	202,151
TOTAL REVENUE	103,334	105,987	87,066	47,477	47,743	43,816	359,119	353,932	305,554	7,569,812	7,642,348	6,925,529
EXPENSE												
Facility-based inpatient acute nursing services	28,188	25,692	23,609	15,512	15,337	14,291	16,562	15,615	14,666	1,948,451	1,916,663	1,751,619
Facility-based emergency and outpatient services	7,909	8,815	6,749	7,318	7,249	6,859	95,192	90,041	78,311	892,015	896,226	795,612
Facility-based continuing care services	4,585	4,816	4,634	-	-	-	-	-	-	643,909	654,106	593,955
Ground ambulance discovery project	-	29	22	-	-	-	-	-	-	15,897	16,865	16,033
Community-based care	3,131	2,947	2,596	5,403	4,675	3,272	36,441	32,244	28,125	332,128	321,508	275,624
Home care	3,935	3,210	2,932	-	-	-	-	-	-	292,628	284,385	267,863
Diagnostic & therapeutic services	18,948	18,103	16,678	7,344	6,997	6,161	79,930	78,042	70,337	1,407,819	1,389,819	1,284,002
Promotion, prevention and protection services	7,759	7,278	6,153	4,067	3,946	2,067	31,526	14,927	12,387	243,958	222,693	208,199
Research and education	-	-	-	1,558	1,546	1,133	43,207	52,959	29,358	207,843	208,244	167,084
Administration	8,462	10,637	6,556	4,814	4,686	3,663	9,903	9,631	8,597	262,864	270,935	222,900
Information technology	4,881	4,057	3,177	1,131	697	595	12,125	12,475	10,331	173,938	185,683	138,620
Support services	18,661	18,488	16,864	2,634	2,622	2,123	29,086	33,618	26,966	1,077,811	1,096,066	1,011,883
Amortization of facilities and improvements	3,730	3,684	3,626	-	-	-	5,147	5,156	4,769	123,528	125,478	114,258
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	6,479
TOTAL EXPENSE	110,189	107,756	93,596	49,781	47,755	40,164	359,119	344,708	283,847	7,622,789	7,588,671	6,854,131
Excess (deficiency) of revenue over expense	(6,855)	(1,769)	(6,530)	(2,304)	(12)	3,652	-	9,224	21,707	(52,977)	53,677	71,398

TABLE III

HEALTH AUTHORITY SUMMARY STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2007

(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY		PALLISER HEALTH REGION		CALGARY HEALTH REGION		DAVID THOMPSON REGIONAL HEALTH AUTHORITY	
	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL
ASSETS								
Cash and investments	29,149	9,401	20,711	11,067	56,751	29,314	30,065	20,973
Accounts receivable	5,210	4,522	4,473	3,965	48,946	44,938	19,547	19,528
Contributions receivable from Alberta Health and Wellness	9,863	6,322	2,105	1,589	52,103	63,205	11,206	10,016
Inventories	3,273	2,897	1,091	1,029	37,823	24,252	6,615	5,935
Prepaid expenses	1,220	4,540	1,972	1,940	4,337	3,384	2,586	2,390
Current Assets	48,715	27,682	30,352	19,590	199,960	165,093	70,019	58,842
Non-current cash and investments	26,925	27,026	12,584	15,797	669,191	436,170	26,717	26,020
Capital assets	191,302	185,550	73,731	74,274	1,510,330	1,150,236	415,428	417,860
Other assets	10,348	11,861	9,512	10,072	155,669	147,991	20,580	21,669
TOTAL ASSETS	277,290	252,119	126,179	119,733	2,535,150	1,899,490	532,744	524,391
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	934	-	-	-	-
Accounts payable and accrued liabilities	27,105	20,337	14,210	12,260	218,543	188,013	47,098	42,345
Accrued vacation pay	12,252	11,433	7,422	6,515	98,078	82,787	21,872	20,702
Deferred contributions	17,776	9,132	15,534	10,522	93,113	87,308	27,299	22,403
Current portion of long term debt	121	121	-	-	9,032	1,108	212	210
Current Liabilities	57,254	41,023	37,166	30,231	418,766	359,216	96,481	85,660
Deferred contributions	3,150	3,400	9,190	9,594	34,193	31,595	20,395	21,223
Deferred capital contributions	26,384	26,380	-	-	534,529	329,673	26,717	26,020
Long-term debt	27	149	-	-	149,751	62,522	449	647
Unamortized external capital contributions	172,655	168,693	63,516	63,533	1,238,818	963,703	381,521	381,641
Other liabilities	2,420	2,467	-	-	6,100	4,531	-	-
TOTAL LIABILITIES	261,890	242,112	109,872	103,358	2,382,157	1,751,240	525,563	515,191
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(3,249)	(6,730)	6,092	5,634	(10,059)	11,473	(25,640)	(25,737)
Investment in capital assets from internally funded sources	18,499	16,587	10,215	10,741	163,052	136,777	32,821	34,937
Endowments	150	150	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	15,400	10,007	16,307	16,375	152,993	148,250	7,181	9,200
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	277,290	252,119	126,179	119,733	2,535,150	1,899,490	532,744	524,391
CASH FLOWS								
Cash generated from (used by) operating activities	26,369	2,991	8,975	6,467	52,817	75,016	13,019	(17,658)
Cash used by investing activities	(21,403)	(37,238)	(3,472)	(2,541)	(671,665)	(349,964)	(30,882)	(43,941)
Cash generated from financing activities	14,782	24,950	4,141	1,531	646,285	258,575	26,955	37,682
Increase (decrease) in cash and cash equivalent	19,748	(9,297)	9,644	5,457	27,437	(16,373)	9,092	(23,917)
Cash and cash equivalent, beginning of year	9,401	18,698	11,067	5,610	29,314	45,687	20,973	44,890
Cash and cash equivalent, end of year	29,149	9,401	20,711	11,067	56,751	29,314	30,065	20,973
Non-current cash and investments, end of year	26,925	27,026	12,584	15,797	669,191	436,170	26,717	26,020
Total cash, cash equivalent and non-current investments, end of year	56,074	36,427	33,295	26,864	725,942	465,484	56,782	46,993

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	EAST CENTRAL HEALTH		CAPITAL HEALTH		ASPEN REGIONAL HEALTH AUTHORITY		PEACE COUNTRY HEALTH	
	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL
ASSETS								
Cash and investments	10,920	12,472	278,289	247,294	53,059	47,061	7,138	22,639
Accounts receivable	7,116	2,147	64,919	58,569	4,956	5,675	7,997	4,618
Contributions receivable from Alberta Health and Wellness	4,604	6,088	50,162	37,192	5,146	3,472	10,901	4,214
Inventories	2,230	637	22,364	14,337	1,662	1,483	1,400	1,007
Prepaid expenses	-	-	88,055	97,190	1,506	1,420	872	930
Current Assets	24,870	21,344	503,789	454,582	66,329	59,111	28,308	33,408
Non-current cash and investments	25,710	22,355	469,535	407,936	20,047	16,347	8,582	6,997
Capital assets	117,202	100,163	1,167,086	995,053	155,464	149,110	206,462	193,853
Other assets	708	-	198,932	178,312	2,381	2,464	2,322	3,419
TOTAL ASSETS	168,490	143,862	2,339,342	2,035,883	244,221	227,032	245,674	237,677
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	16,585	17,177	204,248	184,702	19,049	19,757	28,965	21,805
Accrued vacation pay	6,435	5,838	89,279	81,330	11,077	10,180	11,062	9,893
Deferred contributions	7,078	4,089	141,617	150,311	13,915	11,512	6,019	4,668
Current portion of long term debt	-	-	-	-	-	-	345	345
Current Liabilities	30,098	27,104	435,144	416,343	44,041	41,449	46,391	36,711
Deferred contributions	519	503	3,518	3,290	2,381	2,464	-	-
Deferred capital contributions	25,191	21,852	655,942	582,545	28,757	22,865	10,677	7,314
Long-term debt	-	-	-	-	-	-	5,451	5,794
Unamortized external capital contributions	104,391	88,837	1,005,823	865,718	142,333	137,387	187,291	179,170
Other liabilities	-	-	22,352	15,012	-	-	-	-
TOTAL LIABILITIES	160,199	138,296	2,122,779	1,882,908	217,512	204,165	249,810	228,989
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(4,520)	(5,760)	68,645	38,239	13,578	11,144	(17,526)	(1,992)
Investment in capital assets from internally funded sources	12,811	11,326	147,918	114,736	13,131	11,723	13,390	10,680
Endowments	-	-	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	8,291	5,566	216,563	152,975	26,709	22,867	(4,136)	8,688
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	168,490	143,862	2,339,342	2,035,883	244,221	227,032	245,674	237,677
CASH FLOWS								
Cash generated from (used by) operating activities	2,824	2,658	98,654	140,458	7,299	6,495	(12,476)	5,180
Cash used by investing activities	(29,642)	(16,691)	(328,039)	(160,144)	(19,847)	(28,333)	(25,738)	(18,732)
Cash generated from financing activities	25,266	8,171	260,380	88,747	18,546	18,317	22,713	15,571
Increase (decrease) in cash and cash equivalent	(1,552)	(5,862)	30,995	69,061	5,998	(3,521)	(15,501)	2,019
Cash and cash equivalent, beginning of year	12,472	18,334	247,294	178,233	47,061	50,582	22,639	20,620
Cash and cash equivalent, end of year	10,920	12,472	278,289	247,294	53,059	47,061	7,138	22,639
Non-current cash and investments, end of year	25,710	22,355	469,535	407,936	20,047	16,347	8,582	6,997
Total cash, cash equivalent and non-current investments, end of year	36,630	34,827	747,824	655,230	73,106	63,408	15,720	29,636

TABLE III

HEALTH AUTHORITY SUMMARY STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2007

(In Thousands)

	NORTHERN LIGHTS HEALTH REGION		ALBERTA MENTAL HEALTH BOARD		ALBERTA CANCER BOARD		HEALTH AUTHORITY TOTAL	
	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 ACTUAL	2005/06 ACTUAL
ASSETS								
Cash and investments	4,320	5,334	8,536	1,385	60,732	46,477	559,670	453,417
Accounts receivable	4,587	3,209	3,191	203	6,281	7,087	177,223	154,461
Contributions receivable from Alberta Health and Wellness	1,615	1,284	12,436	3,061	11,958	1,393	172,099	137,836
Inventories	878	733	86	-	8,411	7,092	85,833	59,402
Prepaid expenses	684	469	1,342	779	1,886	880	104,460	113,922
Current Assets	12,084	11,029	25,591	5,428	89,268	62,929	1,099,285	919,038
Non-current cash and investments	4,787	1,163	13,647	12,300	41,888	43,651	1,319,613	1,015,762
Capital assets	81,086	81,399	832	215	149,204	144,607	4,068,127	3,492,320
Other assets	3,376	5,329	-	-	808	768	404,636	381,885
TOTAL ASSETS	101,333	98,920	40,070	17,943	281,168	251,955	6,891,661	5,809,005
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	934
Accounts payable and accrued liabilities	10,932	8,505	2,772	2,318	43,094	42,515	632,601	559,734
Accrued vacation pay	3,196	2,860	290	260	7,375	6,550	268,338	238,348
Deferred contributions	5,033	3,867	11,165	2,201	44,606	26,154	383,155	332,167
Current portion of long term debt	120	240	-	-	-	-	9,830	2,024
Current Liabilities	19,281	15,472	14,227	4,779	95,075	75,219	1,293,924	1,133,207
Deferred contributions	4	4	13,785	1,071	-	-	87,135	73,144
Deferred capital contributions	8,159	6,488	-	-	11,564	10,381	1,327,920	1,033,518
Long-term debt	-	-	-	-	-	-	155,678	69,112
Unamortized external capital contributions	76,238	77,536	18	41	114,486	115,536	3,487,090	3,041,795
Other liabilities	-	-	-	-	-	-	30,872	22,010
TOTAL LIABILITIES	103,682	99,500	28,030	5,891	221,125	201,136	6,382,619	5,372,786
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(7,197)	(4,443)	11,226	11,878	25,325	21,748	56,675	55,454
Investment in capital assets from internally funded sources	4,848	3,863	814	174	34,718	29,071	452,217	380,615
Endowments	-	-	-	-	-	-	150	150
TOTAL NET ASSETS AND ENDOWMENTS	(2,349)	(580)	12,040	12,052	60,043	50,819	509,042	436,219
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	101,333	98,920	40,070	17,943	281,168	251,955	6,891,661	5,809,005
CASH FLOWS								
Cash generated from (used by) operating activities	762	(2,757)	9,137	5,237	25,843	41,324	233,223	265,411
Cash used by investing activities	(7,934)	(8,883)	(1,986)	(5,804)	(26,140)	(24,474)	(1,166,748)	(696,745)
Cash generated from financing activities	6,158	7,852	-	-	14,552	9,200	1,039,778	470,596
Increase (decrease) in cash and cash equivalent	(1,014)	(3,788)	7,151	(567)	14,255	26,050	106,253	39,262
Cash and cash equivalent, beginning of year	5,334	9,122	1,385	1,952	46,477	20,427	453,417	414,155
Cash and cash equivalent, end of year	4,320	5,334	8,536	1,385	60,732	46,477	559,670	453,417
Non-current cash and investments, end of year	4,787	1,163	13,647	12,300	41,888	43,651	1,319,613	1,015,762
Total cash, cash equivalent and non-current investments, end of year	9,107	6,497	22,183	13,685	102,620	90,128	1,879,283	1,469,179

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
Salaries and benefits	182,593	180,875	169,715	110,086	111,530	104,165	1,372,821	1,363,697	1,168,336	379,254	379,864	362,994
Contracts with health service operators	52,793	53,110	49,751	32,380	32,307	29,576	330,555	332,532	425,785	36,652	36,032	33,664
Contracts under the Health Care Protection Act	-	-	-	-	-	-	11,329	15,602	11,965	-	-	-
Drugs and gases	5,790	6,209	5,610	3,889	4,075	3,750	86,071	91,765	87,319	12,408	12,901	11,866
Medical and surgical supplies	8,365	8,807	7,581	4,493	4,458	4,333	109,843	107,435	102,150	13,328	13,899	12,940
Other contracted services	22,827	20,662	19,411	12,008	13,649	12,235	284,508	286,938	235,663	36,910	37,344	32,968
Interest on long-term debt	34	11	41	-	-	-	3,918	4,771	1,849	32	29	33
Other	36,174	38,108	33,278	20,144	19,386	17,937	309,991	316,974	229,194	75,913	74,331	70,966
Amortization:												
Capital equipment - internally funded	2,978	2,379	2,478	2,175	2,292	1,835	11,347	13,501	15,185	4,602	5,018	3,736
Capital equipment - externally funded	3,576	4,873	3,624	2,100	2,145	2,272	45,355	38,412	40,126	8,706	10,048	7,336
Facilities and improvements	7,949	7,814	8,174	3,284	3,351	3,262	38,518	40,352	33,115	17,759	17,551	13,943
Capital assets write down - equipment	-	-	-	-	-	-	-	-	-	-	-	3,947
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	2,532
	323,079	322,848	299,663	190,559	193,193	179,365	2,604,256	2,611,979	2,350,687	585,564	587,017	556,925
Less amounts reported in ancillary operations/others	(1,597)	(1,543)	(1,615)	(900)	(852)	(908)	(25,666)	(28,315)	(24,908)	(4,056)	(4,065)	(6,710)
Other adjustments	-	-	-	-	-	-	(4,532)	(4,045)	(3,782)	-	-	-
TOTAL EXPENSES	321,482	321,305	298,048	189,659	192,341	178,457	2,574,058	2,579,619	2,321,997	581,508	582,952	550,215

TABLE IV

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
Salaries and benefits	90,602	89,469	80,810	1,226,920	1,226,367	1,111,212	158,252	152,931	141,941	184,300	181,484	156,437
Contracts with health service operators	101,194	102,044	102,298	721,315	720,635	662,635	32,894	33,566	30,075	5,100	5,525	5,521
Contracts under the Health Care Protection Act	-	-	-	4,766	4,611	4,036	-	-	-	-	-	-
Drugs and gases	1,641	1,544	1,591	88,534	82,687	85,420	4,059	4,420	3,879	4,300	4,768	4,359
Medical and surgical supplies	1,365	1,602	1,393	107,581	105,973	105,908	4,430	5,044	4,454	5,100	5,896	4,829
Other contracted services	6,673	5,804	5,835	191,421	188,787	136,885	13,456	15,139	14,028	16,200	19,181	15,030
Interest on long-term debt	-	-	-	-	-	2,506	-	-	-	-	305	163
Other	26,600	25,561	23,410	264,002	249,438	232,022	39,362	42,598	37,871	37,900	40,140	34,277
Amortization:												
Capital equipment - internally funded	778	2,315	744	42,000	29,758	33,148	1,603	1,802	1,603	1,000	884	963
Capital equipment - externally funded	1,772	2,467	1,329	36,451	30,887	25,296	2,765	3,275	2,765	3,200	3,240	3,113
Facilities and improvements	3,932	3,784	3,593	34,049	37,054	33,119	5,256	5,264	5,256	7,000	7,420	6,909
Capital assets write down - equipment	-	-	-	-	6,881	3,041	-	(17)	(39)	-	-	(30)
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	(15)
	234,557	234,590	221,003	2,717,039	2,683,078	2,435,228	262,077	264,022	241,833	264,100	268,843	231,556
Less amounts reported in ancillary operations/others	(681)	(641)	(640)	(38,802)	(36,010)	(39,796)	(1,297)	(1,423)	(1,122)	-	(224)	(255)
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	233,876	233,949	220,363	2,678,237	2,647,068	2,395,432	260,780	262,599	240,711	264,100	268,619	231,301

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH AUTHORITY TOTAL		
	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL	2006/07 BUDGET	2006/07 ACTUAL	2005/06 ACTUAL
Salaries and benefits	69,500	65,418	59,433	4,719	4,659	4,016	120,656	118,871	105,712	3,899,703	3,875,165	3,464,771
Contracts with health service operators	6,729	7,464	6,363	39,233	37,556	32,135	-	-	-	1,358,845	1,360,771	1,377,803
Contracts under the Health Care Protection Act	-	-	-	-	-	-	-	-	-	16,095	20,213	16,001
Drugs and gases	1,615	1,528	1,566	-	-	-	85,425	81,205	69,514	293,732	291,102	274,874
Medical and surgical supplies	2,382	2,312	2,295	-	-	-	3,812	3,944	3,529	260,699	259,370	249,412
Other contracted services	5,245	7,621	5,796	2,442	2,458	1,780	36,931	42,133	35,287	628,621	639,716	514,918
Interest on long-term debt	-	-	-	-	-	-	-	-	-	3,984	5,116	4,592
Other	19,401	18,019	13,279	3,312	2,974	2,125	100,389	85,909	59,100	933,188	913,438	753,459
Amortization:												
Capital equipment - internally funded	600	597	636	51	85	34	4,424	5,548	3,748	71,558	64,179	64,110
Capital equipment - externally funded	1,900	2,201	1,565	24	23	74	8,173	8,320	8,120	114,022	105,891	95,620
Facilities and improvements	3,895	3,753	3,720	-	-	-	5,336	5,345	4,946	126,978	131,688	116,037
Capital assets write down - equipment	-	-	-	-	-	-	-	-	-	-	6,864	6,919
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	2,517
	111,267	108,913	94,653	49,781	47,755	40,164	365,146	351,275	289,956	7,707,425	7,673,513	6,941,033
Less amounts reported in ancillary operations/others	(1,078)	(1,157)	(1,057)	-	-	-	(6,027)	(6,567)	(6,109)	(80,104)	(80,797)	(83,120)
Other adjustments	-	-	-	-	-	-				(4,532)	(4,045)	(3,782)
TOTAL EXPENSES	110,189	107,756	93,596	49,781	47,755	40,164	359,119	344,708	283,847	7,622,789	7,588,671	6,854,131

TABLE V

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	CHINOOK	PALLISER	CALGARY	DAVID THOMPSON	EAST CENTRAL	CAPITAL	ASPEN
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	1.6%	0.0%	-0.2%	-0.3%	1.1%	2.0%	1.4%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	4.3%	4.2%	3.5%	4.7%	6.5%	2.5%	4.2%
III. WORKING CAPITAL							
Current Assets	48,715	30,352	199,960	70,019	24,870	503,789	66,329
Current Liabilities	57,254	37,166	418,766	96,481	30,098	435,144	44,041
WORKING CAPITAL RATIO	0.85	0.82	0.48	0.73	0.83	1.16	1.51
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	87.5%	84.2%	84.8%	85.0%	87.2%	85.2%	85.6%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	3.7	3.7	4.2	3.6	5.2	2.5	4.2
VI. TOTAL FTEs *(excludes Board)*	2,587	1,675	18,999	5,798	1,438	16,960	2,410

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	PEACE COUNTRY	NORTHERN LIGHTS	ALBERTA MENTAL HEALTH BOARD	ALBERTA CANCER BOARD	HEALTH AUTHORITY TOTAL 2007	HEALTH AUTHORITY TOTAL 2006
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	-5.0%	-1.7%	0.0%	2.6%	0.7%	1.0%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	4.9%	9.9%	9.8%	2.8%	3.6%	3.3%
III. WORKING CAPITAL						
Current Assets	28,308	12,084	25,591	89,268	1,099,285	919,038
Current Liabilities	46,391	19,281	14,227	95,075	1,293,924	1,133,207
WORKING CAPITAL RATIO	0.61	0.63	1.80	0.94	0.85	0.81
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	80.5%	81.6%	97.4%	77.3%	84.7%	85.6%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	5.2	4.4	5.6	5.0	3.6	3.2
VI. TOTAL FTEs *(excludes Board)*	2,515	898	49	1,584	54,913	48,752

TABLE VI

HEALTH AUTHORITY SUMMARY OF AHW DIAGNOSTIC/MEDICAL EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	4,897	2,055	2,842	1,989	530	1,459	50,000	29,485	20,515	8,038	784	7,254
Internal Funding	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	4,897	2,055	2,842	1,989	530	1,459	50,000	29,485	20,515	8,038	784	7,254
Diagnostic Imaging	2,462	973	1,489	1,313	426	887	29,652	16,888	12,764	2,555	85	2,470
Laboratory	308	162	146	181	-	181	644	202	442	296	173	123
Medical	946	166	780	276	-	276	5,939	2,404	3,535	1,571	43	1,528
Surgical	989	540	449	219	104	115	9,648	6,308	3,340	742	59	683
Rehabilitation	101	127	(26)	-	-	-	102	102	-	113	27	86
Patient Care/Support	91	87	4	-	-	-	4,015	3,581	434	2,103	397	1,706
Other	-	-	-	-	-	-	-	-	-	658	-	658
Total Expenditures	$ 4,897	$ 2,055	$ 2,842	$ 1,989	$ 530	$ 1,459	$ 50,000	$ 29,485	$ 20,515	$ 8,038	$ 784	$ 7,254

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	10,101	2,785	7,316	50,000	6,973	43,027	5,771	1,696	4,075	11,148	6,903	4,245
Internal Funding	180	-	180	4,250	-	4,250	-	-	-	-	-	-
Total Expenditures	10,281	2,785	7,496	54,250	6,973	47,277	5,771	1,696	4,075	11,148	6,903	4,245
Diagnostic Imaging	4,648	1,607	3,041	25,750	5,073	20,677	4,503	210	4,293	4,418	1,723	2,695
Laboratory	1,398	150	1,248	2,500	-	2,500	449	324	125	707	409	298
Medical	1,658	408	1,250	13,300	808	12,492	471	234	237	1,858	1,198	660
Surgical	1,527	432	1,095	12,700	1,092	11,608	271	772	(501)	2,687	2,009	678
Rehabilitation	79	-	79	-	-	-	5	-	5	98	63	35
Patient Care/Support	971	188	783	-	-	-	72	156	(84)	1,380	1,501	(121)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	$ 10,281	$ 2,785	$ 7,496	$ 54,250	$ 6,973	$ 47,277	$ 5,771	$ 1,696	$ 4,075	$ 11,148	$ 6,903	$ 4,245

TABLE VI

HEALTH AUTHORITY SUMMARY OF AHW DIAGNOSTIC/MEDICAL EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2007
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA CANCER BOARD			HEALTH AUTHORITY TOTAL			
	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	UNSPENT BALANCE	UNSPENT %
AHW Diagnostic/Medical Funding	1,106	534	572	6,950	5,941	1,009	150,000	57,686	92,314	61.5%
Internal Funding	241	-	241	74	-	74	4,745	-	4,745	100.0%
Total Expenditures	1,347	534	813	7,024	5,941	1,083	154,745	57,686	97,059	62.7%
Diagnostic Imaging	22	22	-	6,374	5,364	1,010	81,697	32,371	49,327	60.4%
Laboratory	-	-	-	250	245	5	6,733	1,665	5,068	75.3%
Medical	804	394	410	400	332	68	27,223	5,987	21,236	78.0%
Surgical	209	81	128	-	-	-	28,992	11,397	17,595	60.7%
Rehabilitation	-	-	-	-	-	-	498	319	179	36.0%
Patient Care/Support	300	25	275	-	-	-	8,932	5,935	2,996	33.6%
Other	12	12	-	-	-	-	670	12	658	98.2%
Total Expenditures	$ 1,347	$ 534	$ 813	$ 7,024	$ 5,941	$ 1,083	$ 154,745	$ 57,686	$ 97,059	62.7%

Alphabetical List of Entities' Financial Statements in Ministry 2006 – 07 Annual Reports

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	Ministry Annual Report
Access to the Future Fund[1]	Advanced Education and Technology
Agriculture Financial Services Corporation	Agriculture and Food
Alberta Alcohol and Drug Abuse Commission	Health and Wellness
Alberta Cancer Prevention Legacy Fund[2]	Finance
Alberta Capital Finance Authority	Finance
Alberta Energy and Utilities Board	Energy
Alberta Foundation for the Arts	Tourism, Parks, Recreation and Culture
Alberta Gaming and Liquor Commission	Solicitor General and Public Security
Alberta Heritage Foundation for Medical Research Endowment Fund	Finance
Alberta Heritage Savings Trust Fund	Finance
Alberta Heritage Scholarship Fund	Finance
Alberta Heritage Science and Engineering Research Endowment Fund	Finance
Alberta Historical Resources Foundation	Tourism, Parks, Recreation and Culture
Alberta Insurance Council	Finance
Alberta Local Authorities Pension Plan Corporation[3]	Finance
Alberta Pensions Administration Corporation	Finance
Alberta Petroleum Marketing Commission	Energy
Alberta Research Council Inc.	Advanced Education and Technology
Alberta Risk Management Fund	Finance
Alberta School Foundation Fund	Education
Alberta Securities Commission	Finance
Alberta Social Housing Corporation	Municipal Affairs and Housing
Alberta Sport, Recreation, Parks and Wildlife Foundation	Tourism, Parks, Recreation and Culture
Alberta Treasury Branches	Finance
ATB Insurance Advisors Inc.[4]	Finance
ATB Investment Management Inc.	Finance
ATB Investment Services Inc.	Finance
ATB Services Inc.	Finance
Child and Family Services Authorities:	Children's Services
Calgary and Area Child and Family Services Authority	
Central Alberta Child and Family Services Authority	
East Central Alberta Child and Family Services Authority	
Edmonton and Area Child and Family Services Authority	
North Central Alberta Child and Family Services Authority	

[1] Established July 10, 2005.
[2] Proclaimed May 31, 2006.
[3] Incorporated December 16, 2005.
[4] Incorporated July 12, 2006.

Ministry, Department, Fund or Agency	Ministry Annual Report
Northeast Alberta Child and Family Services Authority	
Northwest Alberta Child and Family Services Authority	
Southeast Alberta Child and Family Services Authority	
Southwest Alberta Child and Family Services Authority	
Metis Settlements Child and Family Services Authority	
C-FER Technologies (1999) Inc.	Advanced Education and Technology
Credit Union Deposit Guarantee Corporation	Finance
Colleges:	Advanced Education and Technology
Alberta College of Art and Design	
Bow Valley College	
Grande Prairie Regional College	
Grant MacEwan College	
Keyano College	
Lakeland College	
Lethbridge Community College	
Medicine Hat College	
Mount Royal College	
NorQuest College	
Northern Lakes College	
Olds College	
Portage College	
Red Deer College	
Department of Advanced Education and Technology	Advanced Education and Technology
Department of Agriculture and Food	Agriculture and Food
Department of Children's Services	Children's Services
Department of Education	Education
Department of Energy	Energy
Department of Finance	Finance
Department of Health and Wellness	Health and Wellness
Department of Municipal Affairs and Housing	Municipal Affairs and Housing
Department of Seniors and Community Supports	Seniors and Community Supports
Department of Solicitor General and Public Security	Solicitor General and Public Security
Department of Sustainable Resource Development	Sustainable Resource Development
Department of Tourism, Parks, Recreation and Culture	Tourism, Parks, Recreation and Culture
Environmental Protection and Enhancement Fund	Sustainable Resource Development
Gainers Inc.	Finance
Government House Foundation	Tourism, Parks, Recreation and Culture
Historic Resources Fund	Tourism, Parks, Recreation and Culture
Human Rights, Citizenship and Multiculturalism Education Fund	Tourism, Parks, Recreation and Culture

Ministry, Department, Fund or Agency	Ministry Annual Report
iCORE Inc.	Advanced Education and Technology
Lottery Fund	Solicitor General and Public Security
Ministry of Advanced Education and Technology	Advanced Education and Technology
Ministry of Agriculture and Food	Agriculture and Food
Ministry of Children's Services	Children's Services
Ministry of Education	Education
Ministry of Employment, Immigration and Industry[5]	Employment, Immigration and Industry
Ministry of Energy	Energy
Ministry of Environment[5]	Environment
Ministry of Executive Council[5]	Executive Council
Ministry of Finance	Finance
Ministry of Health and Wellness	Health and Wellness
Ministry of Infrastructure and Transportation[5]	Infrastructure and Transportation
Ministry of International, Intergovernmental and Aboriginal Relations[5]	International, Intergovernmental and Aboriginal Relations
Ministry of Justice[5]	Justice
Ministry of Municipal Affairs and Housing	Municipal Affairs and Housing
Ministry of Seniors and Community Supports	Seniors and Community Supports
Ministry of Service Alberta[5]	Service Alberta
Ministry of Solicitor General and Public Security	Solicitor General and Public Security
Ministry of Sustainable Resource Development	Sustainable Resource Development
Ministry of Tourism, Parks, Recreation and Culture	Tourism, Parks, Recreation and Culture
Ministry of the Treasury Board[5]	Treasury Board
N.A. Properties (1994) Ltd.	Finance
Natural Resources Conservation Board	Sustainable Resource Development
Persons with Developmental Disabilities Community Boards:	Seniors and Community Supports
Calgary Region Community Board	
Central Region Community Board	
Edmonton Region Community Board	
Northeast Region Community Board	
Northwest Region Community Board	
South Region Community Board	
Persons with Developmental Disabilities Provincial Board[6]	Seniors and Community Supports
Provincial Judges and Masters in Chambers Reserve Fund	Finance
Regional Health Authorities and Provincial Health Boards:	Health and Wellness
Alberta Cancer Board	
Alberta Mental Health Board	
Aspen Regional Health Authority	
Calgary Health Region	

[5] Ministry includes only the departments so separate departmental financial statements are not necessary.
[6] Ceased operations June 30, 2006.

Ministry, Department, Fund or Agency	Ministry Annual Report
Capital Health	Health and Wellness
Chinook Regional Health Authority	
David Thompson Regional Health Authority	
East Central Health	
Health Quality Council of Alberta[7]	
Northern Lights Health Region	
Peace Country Health	
Palliser Health Region	
Safety Codes Council	Municipal Affairs and Housing
School Boards and Charter Schools:	Education
Almadina School Society	
Aspen View Regional Division No. 19	
Aurora School Ltd.	
Battle River Regional Division No. 31	
Black Gold Regional Division No. 18	
Boyle Street Education Centre	
Buffalo Trail Public Schools Regional Division No. 28	
Calgary Arts Academy Society	
Calgary Girls' School Society	
Calgary Roman Catholic Separate School District No. 1	
Calgary School District No. 19	
Calgary Science School Society	
Canadian Rockies Regional Division No. 12	
CAPE-Centre for Academic and Personal Excellence Institute	
Chinook's Edge School Division No. 73	
Christ the Redeemer Catholic Separate Regional Division No. 3	
Clearview School Division No. 71	
East Central Alberta Catholic Separate Schools Regional Division No. 16	
East Central Francophone Education Region No. 3	
Edmonton Catholic Separate School District No. 7	
Edmonton School District No. 7	
Elk Island Catholic Separate Regional Division No. 41	
Elk Island Public Schools Regional Division No. 14	
Evergreen Catholic Separate Regional Division No. 2	
FFCA Charter School Society	
Foothills School Division No. 38	
Fort McMurray Roman Catholic Separate School District No. 32	
Fort McMurray School District No. 2833	

[7] Established July 1, 2006.

Ministry, Department, Fund or Agency	Ministry Annual Report
School Boards and Charter Schools (continued):	Education
Fort Vermilion School Division No. 52	
Golden Hills School Division No. 75	
Grande Prairie Roman Catholic Separate School District No. 28	
Grande Prairie Public School District No. 2357	
Grande Yellowhead Regional Division No. 35	
Grasslands Regional Division No. 6	
Greater North Central Francophone Education Region No. 2	
Greater Southern Public Francophone Education Region No. 4	
Greater Southern Separate Catholic Francophone Education Region No. 4	
Greater St. Albert Catholic Regional Division No. 29	
High Prairie School Division No. 48	
Holy Family Catholic Regional Division No. 37	
Holy Spirit Roman Catholic Separate Regional Division No. 4	
Lakeland Roman Catholic Separate School District No. 150	
Lethbridge School District No. 51	
Living Waters Catholic Regional Division No. 42	
Livingstone Range School Division No. 68	
Medicine Hat Catholic Separate Regional Division No. 20	
Medicine Hat School District No. 76	
Moberly Hall School Society	
Mother Earth's Children's Charter School Society	
New Horizons Charter School Society	
Northern Gateway Regional Division No. 10	
Northern Lights School Division No. 69	
Northland School Division No. 61	
Northwest Francophone Education Region No. 1	
Palliser Regional Division No. 26	
Parkland School Division No. 70	
Peace River School Division No. 10	
Peace Wapiti School Division No. 76	
Pembina Hills Regional Division No. 7	
Prairie Land Regional Division No. 25	
Prairie Rose Regional Division No. 8	
Red Deer Catholic Regional Division No. 39	
Red Deer School District No. 104	
Rocky View School Division No. 41	
St. Albert Protestant Separate School District No. 6	

Ministry, Department, Fund or Agency	Ministry Annual Report
School Boards and Charter Schools (continued):	Education
St. Paul Education Regional Division No. 1	
St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38	
Sturgeon School Division No. 24	
Suzuki Charter School Society	
Westmount Charter School Society	
Westwind School Division No. 74	
Wetaskiwin Regional Division No. 11	
Wild Rose School Division No. 66	
Wolf Creek School Division No. 72	
Supplementary Retirement Plan Reserve Fund	Finance
Technical Institutes and The Banff Centre:	Advanced Education and Technology
Northern Alberta Institute of Technology	
Southern Alberta Institute of Technology	
The Banff Centre for Continuing Education	
Universities:	Advanced Education and Technology
Athabasca University	
The University of Alberta	
The University of Calgary	
The University of Lethbridge	
Victims of Crime Fund	Solicitor General and Public Security
Wild Rose Foundation	Tourism, Parks, Recreation and Culture

Entities NOT Included in the Consolidated Government Reporting Entity

Fund or Agency	Ministry Annual Report
Alberta Foundation for Health Research	Advanced Education and Technology
Alberta Heritage Foundation for Medical Research	Advanced Education and Technology
Alberta Heritage Foundation for Science and Engineering Research	Advanced Education and Technology
Alberta Teachers' Retirement Fund Board	Education
Improvement Districts' Trust Account	Municipal Affairs and Housing
Local Authorities Pension Plan	Finance
Long-Term Disability Income Continuance Plan — Bargaining Unit	Employment, Immigration and Industry
Long-Term Disability Income Continuance Plan — Management, Opted Out and Excluded	Employment, Immigration and Industry
Management Employees Pension Plan	Finance
Provincial Judges and Masters in Chambers Pension Plan	Finance
Provincial Judges and Masters in Chambers (Unregistered) Pension Plan	Finance
Public Service Management (Closed Membership) Pension Plan	Finance
Public Service Pension Plan	Finance
Special Areas Trust Account	Municipal Affairs and Housing
Special Forces Pension Plan	Finance
Supplementary Retirement Plan for Public Service Managers	Finance
Workers' Compensation Board	Employment, Immigration and Industry

Ministry Contacts

For further information regarding the contents of this annual report please contact:

Position	Name	Phone Number
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Corporate Operations Assistant Deputy Minister	Ray Gilmour	(780) 427-0885 Fax: (780) 422-3672
Health Workforce Assistant Deputy Minister	Glenn Monteith	(780) 415-2745 Fax: (780) 415-8455
Information Strategic Services Assistant Deputy Minister and Chief Information Officer	Linda Miller	(780) 415-1501 Fax: (780) 422-5176
Program Services Acting Assistant Deputy Minister	Darlene Bouwsma	(780) 415-1599 Fax: (780) 422-3674
Public Health Assistant Deputy Minister	Margaret King	(780) 415-2783 Fax: (780) 422-3671
Strategic Directions Assistant Deputy Minister	Annette Trimbee	(780) 427-7038 Fax: (780) 415-0570
Communications Director	Michael Shields	(780) 427-7164 Fax: (780) 427-1171
Human Resources Executive Director	Rick Brick	(780) 427-1060 Fax: (780) 422-1700
Alberta Alcohol and Drug Abuse Commission Interim Manager	Janet Skinner	(780) 415-0370 Fax: (780) 423-1419